

AS ONE – TOGETHER FOR HEALTH: CONNECTING MISSISSIPPI

2007 FCC RURAL HEALTH CARE PILOT PROGRAM APPLICATION

SUBMITTED BY

**OFFICE OF THE GOVERNOR
DIVISION OF MEDICAID
STATE OF MISSISSIPPI**

IN COLLABORATION WITH

MISSISSIPPI DEPARTMENT OF HEALTH

THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER

AND

ALCORN STATE UNIVERSITY

MAY 7, 2007

TABLE OF CONTENTS

◆ Executive Summary	1
1. Responsible Organization	3
2. Goals and Objectives	3
3. Network Costs	10
4. For-Profit Participants Cost Sharing	12
5. Financial Support	13
6. Health Care Facilities	14
7. Participating Health Care Facilities	14
A. Hospitals	
B. Certified Rural Health Centers	
C. Federally Qualified Health Centers	
8. Management Experience	44
9. Project Management Plan	45
10. Program Coordination	49
11. Self-Sustainability	51
APPENDIX MCDL – AO-TFH Design and Engineering Plan	

EXECUTIVE SUMMARY

Mississippi is well aware that health care providers here and elsewhere continue to lack access to the broadband facilities needed to support the types of advanced tele-health applications, like telemedicine, that are so vital to bringing medical expertise and the advantages of modern health care technology to rural areas of the country, areas of dire need. Many of these real-time tele-health applications require a dedicated broadband network that is more reliable and secure than the public Internet. Increasing broadband connectivity among health care providers at the national, state and local levels also provides vital links for disaster preparedness and emergency response and aids in facilitating the President's goal of implementing electronic medical records nationwide. We applaud the Federal Communication Commission's efforts to facilitate broadband deployment to health care providers and submit this application in an effort to be included in those efforts.

The Mississippi Division of Medicaid is assembling health care providers through its initiative known as As One – Together for Health (“AO-TFH”). It is in this very initiative that the Commission's objectives in this Rural Health Care Pilot Program converge with the initiatives and trends of the U.S. Department of Health and Human Services. Mississippi's AO-TFH assembly of health care providers is designed to aggregate health care needs across Mississippi, increasing both economic and operational efficiency and effectiveness in delivering health care providers' services. Linking our statewide AO-TFH network to a nationwide backbone (NGI --Internet2 and/or National LambdaRail) to access health science repositories of medical expertise and information, will assure needed connectivity for the government and academic, public and private health care institutions that comprise our AO-TFH coalition.

Equally important, as we learned tragically in the aftermath of Katrina, is the need to respond efficiently and effectively during and after major emergencies. The AO-TFH collective assembly, as a participant of this nationwide network of state/regional healthcare providers, enhances the health care community's ability to provide a rapid and coordinated response in the event of local, regional and national crises. A primary focus of the AO-TFH leadership is leveraging these initiatives in a manner that best assures public health emergency preparedness – locally, regionally and nationally.

The HHS Agency for Healthcare Research and Quality (AHRQ), who jointly administers the Medicare Modernization Act with CMS, is working together with the HHS Office of Public Health Emergency Preparedness as well as sister agencies—including the Centers for Disease Control and Prevention and the Health Resources and Services Administration—on a number of natural and/or man-made disaster response and preparedness initiatives at the federal, state, and local levels. In keeping with the framework prescribed by the HHS Office of the National Coordinator for Health Information Technology (ONCHIT), AHRQ has a particular mandate to enhance and reinforce linkages between the personal health care delivery system and the public health infrastructure.

The ability of the healthcare system to “surge” to meet overwhelming need has been a unique focus of AHRQ's research portfolio and serves as a key objective of AO-TFH. In all, AHRQ public health preparedness research initiatives span eight key areas, and AO-TFH will facilitate solutions in sync with at least five of those areas. For example, AO-TFH embraces AHRQ's strongly identified needs to assist the preparedness of hospitals and health care systems; and to analyze the impact on cost, quality, and outcomes. Hence, the AO-TFH initiative proposes a system intended to be flexible and possess the ability to harness a practical and wide range of utility for public health efforts in Mississippi.

AO-TFH leadership recognizes the need for telehealth services and robust information sharing. These are needed among all appropriate state healthcare agencies and the local public healthcare providers, including our hospitals. The AO-TFH initiative seeks to include and embrace all of these groups.

Comprehensive broadband connectivity across a flexibly designed network is the key to the fulfillment of the AO-TFH vision and the larger national objectives. Without the broadband network funding requested herein, Mississippi's rural public health organizations represented in this proposal will not be able to achieve that comprehensive broadband connectivity anytime in the near future, if ever. FCC funding, however, allows substantial steps toward the alleviation of economic-based barriers. AO-TFH will be able to deploy and sustain the system based on realized savings and the measurable economic impact that is envisioned.

1. RESPONSIBLE ORGANIZATION

Mississippi Division of Medicaid

The applicant organization that will be legally and financially responsible for the conduct of activities supported by the fund is the Mississippi Division of Medicaid As-One –Together for Health (AO-TFH) Coalition. AO-TFH was formed to design and deliver a statewide telehealth and healthcare response system for Mississippi Medicaid and local public healthcare providers, including all hospitals and other select care sites and agencies in the state.

Connecting Mississippi's multiple health care providers will bring the benefits of innovative telehealth and, in particular, telemedicine services to those areas of our state where the need for those benefits is most acute.

The Mississippi Division of Medicaid through its AO-TFH initiative is currently contributing \$1,688,000 in funding to this initiative and needs the additional funding requested in this application to fulfill its mission.

AO-TFH leadership, participants and stakeholders include:

- ◆ Mississippi Medicaid (MSDoM)
- ◆ Mississippi Department of Public Health (MDPH)
- ◆ Mississippi Emergency Management Agency (MEMA)
- ◆ Mississippi Wireless Commission (MWC)
- ◆ All 121 Mississippi hospitals and 22 Rural Health Community Centers
- ◆ University of Mississippi Medical Center (premier medical teaching hospital) [UMC]
- ◆ Alcorn State University – School of Nursing and Extension Services (ASU)

2. GOALS AND OBJECTIVES

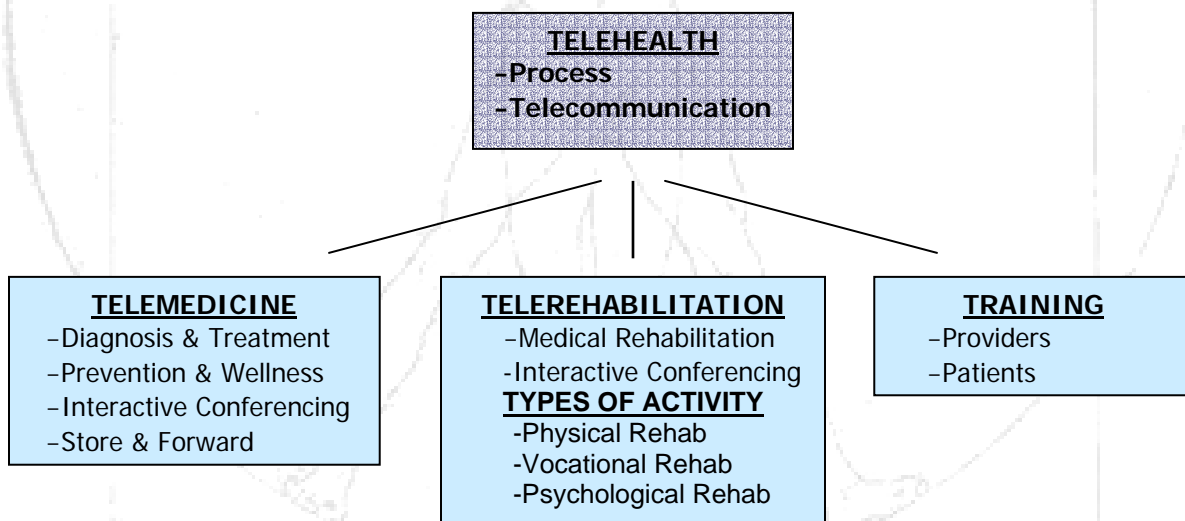
Leadership Directive

“By developing an immediate tele-health and information sharing system for Mississippi Medicaid and local public healthcare providers, including all hospitals and other care sites and agencies in Mississippi, we will significantly increase our ability to efficiently get healthcare services to all our citizens, especially to those affected by disasters such as Katrina. In fact, because disasters, both natural and man-made, do not respect political and state boundaries, planning efforts need to facilitate moving beyond one particular county or state to address more regional, cross border issues.”

Dr. Robert L. Robinson
Executive Director, Mississippi Division of Medicaid

Broadband has enabled health care providers to vastly improve access to quality medical services in remote areas of the country. Among other things, tele-health applications allow patients to access critically needed medical specialists in a variety of practices, including cardiology, pediatrics, and radiology, without leaving their homes or their communities. Using video feeds over broadband and real-time patient information, intensive care doctors and nurses can monitor critically ill patients at multiple locations around the clock. Using this technology, a single medical professional is able to administer services to over a hundred patients, while cutting skyrocketing medical costs by shortening average hospital stays and reducing the need for additional tests and treatments. The benefits of these technologies are particularly apparent in underserved areas of the country, such as most of the State of Mississippi, where access to the breadth of medical expertise and advanced medical technologies is lacking.

The tele-health/telemedicine applications contemplated by AO-TFH will ultimately allow patients around the state (who would otherwise struggle to access various health care services [supporting statistics provided in charts below]), to obtain access to critically needed medical specialists in a variety of practices, including cardiology, pediatrics, and radiology, without leaving their homes or their communities. Initially, MsDoM is focused on a telemedicine program to improve one of our most significant health care problems, diabetes and obesity in youth (reflected in an alarmingly high percentage of rural youth) across the state.

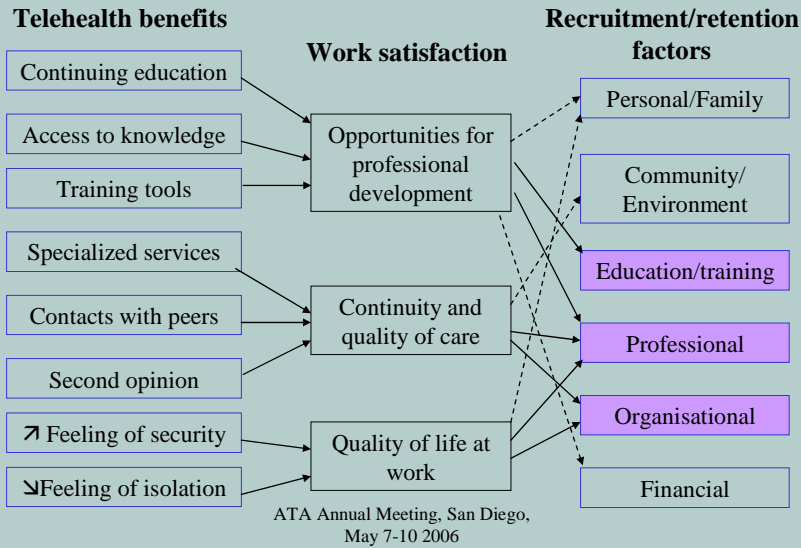


(See below for ATA statistics and other telemedicine program results, lessons learned, etc.)

Telehealth/Telemedicine Technology

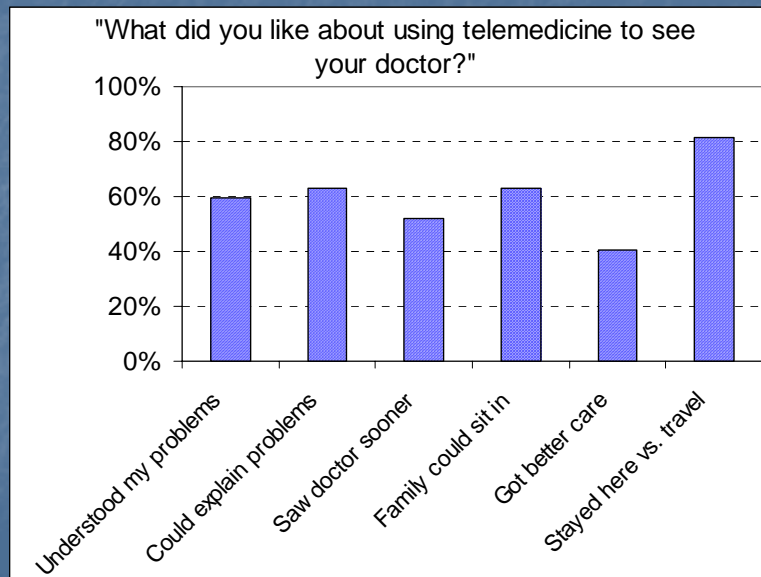
- Plays an integral part in disease management, prevention and early detection
- Decreases healthcare costs
- Maintains patient independence
- Promotes self-care and patient accountability

Analytic Framework

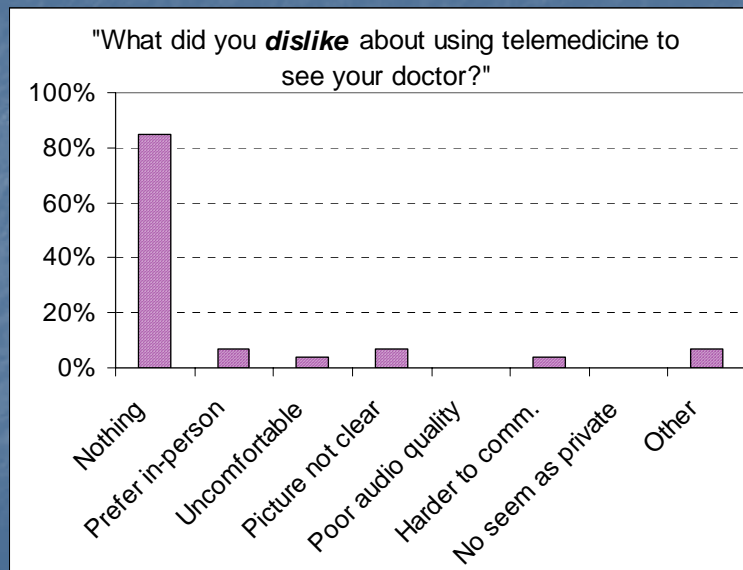


Patient Satisfaction with Clinical Consults

N=27, 12/-4-2/06



Patient Satisfaction with Clinical Consults (continued)



Maine Telemedicine Network Lessons Learned

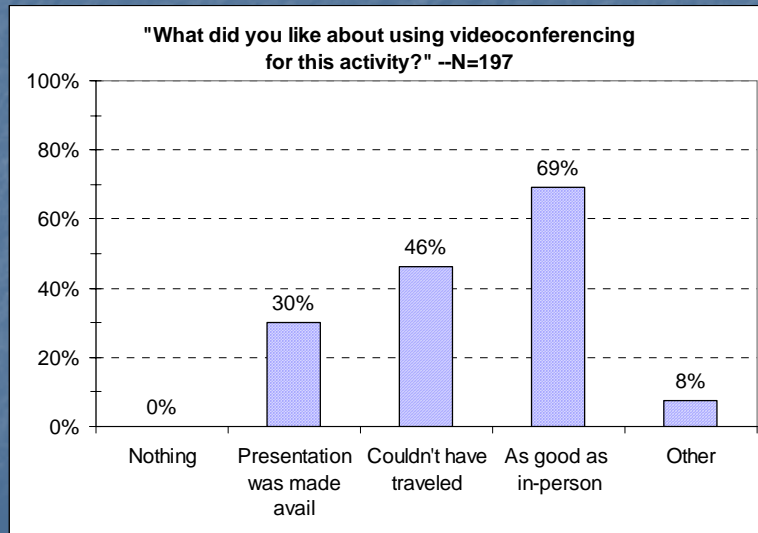
- Staffing time constraints providing services not previously provided
- Multifaceted approach is the key to sustainability (Admin, education, social service and clinical use)



AO-TFH research results / strategic planning conclusion: Telehealth/telemedicine technology wisely applied, can effectively increase the quality and range of healthcare services.

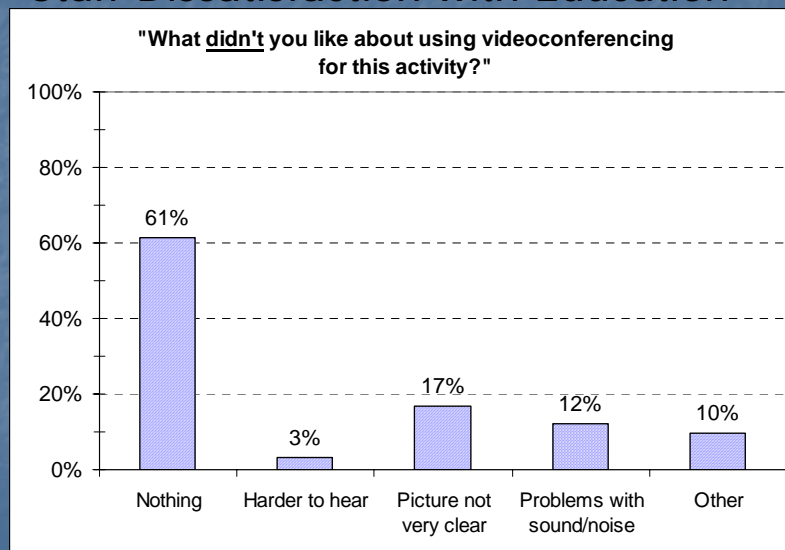
Maine Telehealth Network

Staff Satisfaction with Distance Education



Maine Telehealth Network

Staff Dissatisfaction with Education



Also, with the help of the FCC through its funding of this Rural Health Care Pilot Program, the AO-TFH system will be able to deliver the kinds of disaster preparedness functionality as prescribed by HHS / ONCHIT, CDC, AHRQ (e.g. provide situational awareness and knowledge acquisition in healthcare response) *with particular attention to assisting the unique “most at risk” Medicaid patient population*, both during emergencies (including surge management) and non-emergency times.

Furthermore, the AO-TFH system will align with the appropriate elements of the Incident Command System (ICS) for public health (PHICS) and hospitals (HICS) as advanced by the DHS National Response Plan (NRP) and corresponding National Incident Management System (NIMS). In fact, AO-TFH IT functions will be developed using open source software tools that will meet standards established by the ONCHIT, Certification Commission for Healthcare Information Technology (CCHIT), the Medicaid Information Technology Architecture (MITA), as well as healthcare industry standards for data exchange (such as HL7, LOINC).

In building out the AO-TFH database driven web-based system, Mississippi's proposal includes designing a *flexible* web portal / software application delivery structure that:

- ◆ *includes* all key MsDoM/AO-TFH leadership-selected Mississippi healthcare participants in the program (this implies on-ramps to some of their other initiatives [e.g. MDPH's current trauma management web-site])
- ◆ establishes, promotes and protects the vision, goals and “as-one” brand of public health leadership and solutions
- ◆ provides a system architecture that can be expanded to include other future needed Medicaid transformation initiatives

AO-TFH project management intends to use new technologies to help address many of the “real time” telemedicine needs of patients, during both daily non-emergency situations and prospectively during a natural disaster or bioterrorism event. The AO-TFH system will also help public health leadership in detecting patterns before they become serious health threats, as well as in alerting providers before patients present in their emergency departments.

The AO-TFH system will ultimately use a mix of web-based tools, software, specialty telemedicine peripherals, decision support such as inventories that help locate critical resources, simulation models to support planning, surveys and questionnaires for key local agency and hospital readiness, databases designed to detect trends and flag possible alerts, emergency alerts to physicians, and data analysis systems such as syndromic surveillance systems that look for patterns that would indicate a public health event.

Major objectives of the “As One-Together For Health” Program include:

1. Creation of an effective, broadly based statewide telehealth coalition of state and local governmental, public interest, and private entities to assist the process;
2. Development of a “bottom up” process to define specific needs for the project;
3. Creation of a highly secure and highly available network using a web-based system that delivers an electronic telemedicine and health information highway enabling hospitals, medical needs shelters, public health and others to share real-time, event status – including the existence of, and/or need for staff, supplies and other resources;
4. Design and creation of a system that can be integrated and used by Mississippi health care providers every day – including with effectiveness during times of disaster – enabling Mississippi to move rapidly toward electronic recording and communication; and
5. Design and creation of a telehealth / information sharing network with open architecture attributes that optimize Federal and local investment in terms of expanded healthcare information exchange effectiveness and efficiency.

Overall Strategic Plan for AO-TFH

This AO-TFH Plan seeks to create an expanded and more functional telehealth application delivery and health care information sharing capacity statewide. To this end, it also seeks to deploy appropriate technology with end-user project planning and application knowledge in mind, including a strong understanding of local hospital and care site business practice. The fully developed AO-TFH information sharing system will have links to appropriate Federal, State of Mississippi, and local data sources. Phase II of the AO-TFH will deliver a Record Locator System (RLS), giving authorized users pointers to the location of patient information across the clinical data sources, enabling users to access and integrate patient clinical data from the distributed sources without national patient identifiers or centralized databases. The system contemplated by AO-TFH leadership, has the potential to provide patient transfer functionality, wherein the existence of an electronic record of the patients can be highlighted where appropriate, through links to that record --assuming the propriety of the right of the provider to access the information, allowing a patient's record to be reviewed with the goal of promoting safer, more effective, timely care.

The AO-TFH Coalition Technology Team will further explore system enhancements in the areas of next generation telemedicine delivery methods, security and directory functions, alerts and notifications, and the “next level” of data exchange. The completion of Phase II will result in fully integrated healthcare information sharing capacity statewide. Outer phase project efforts will explore expanding the AO-TFH statewide integrated information system with Gulf Coast links to adjacent Alabama and Louisiana locations, moving towards a fully integrated healthcare information system throughout the region by building out links to a variety of other key stakeholder agencies within the Gulf South region.

3. NETWORK COSTS

As mentioned above, AO-TFH is currently contributing \$1,688,000 in funding to this initiative and needs the additional funding requested in this application to fulfill its mission.

The AO-TFH budget herein requests pilot program funding to assist in the costs of deploying its **statewide** dedicated broadband health care network, including:

- ◆ Initial AO-TFH network design;
- ◆ Necessary studies related to successful deployment;
- ◆ AO-TFH transmission facilities;
- ◆ AO-TFH recurring and non-recurring costs of advanced telecom and information services, including Internet connectivity; and

The AO-TFH Network Design Contractor will provide design and engineering services for AO-TFH project management to ensure an efficient and economical plan is developed for the AO-TFH, providing a road-map so that the best industry standards are used. The Design and Engineering sub-task is critical to the overall success of AO-TFH and becomes the foundation for all future work. Due to time constraints on the execution of this Project, the initial data center hosting and public internet connectivity optimization and the Design and Engineering sub-task setout herein will begin concurrently. There will be requirements for the Network Design Contractor to be especially cautious so that these concurrent sub-tasks support each other and that the design incorporates various related Project needs requirements as/when identified.

Interfacing new systems and software (even if it is COTS hardware and software) is one of the most challenging technical issues in the development of AO-TFH. Similarly, all prototypes for the system must undergo comprehensive tests and evaluation prior to implementation. The Project's design and engineering plan (attached) specifically addresses these issues.

As stated, some initial data center hosting and public internet connectivity optimization has been specified and priced as part of the original immediate Project budget, also including the specification and pricing for certain wireless gateway products, that will be initially needed to deploy prototype County hospital wireless broadband Points of Presence for eight initial counties to serve this early phase of AO-TFH system implementation. The comprehensive Design and Engineering sub-task setout herein will begin concurrently with each of the aforementioned system procurements. (see capsule budget below)

The one aspect of the Project that is not specifically yet priced (we have established an estimate budget ceiling for this which is not currently projected to exceed \$400,000), but for which immediate connectivity is required for the overall success of the Project, so final configuration, pricing and related installation services to procure either Internet2 or National LambdaRail or both, are seriously needed. AO-TFH management is hereby requesting that the FCC assist us in

facilitating this aspect of our initiative, for which we will need Next Generation Internet (NGI) national backbone interconnection at our two (geographically separate) data centers in Newark Delaware, as well as at our HQ telepresence facilities in central (Rankin Co.) Mississippi and also at the ASU College of Nursing facility in Natchez, Mississippi.

The NGI contacts and connector resources that we have thus far identified for this important part of our AO-TFH network, are as follows:

Michael J. McGill, PhD
Internet2
mmcgill@internet2.edu or mcgill@columbus.rr.com
614-844-4200 (Office)
614-245-0928 (Fax)
614-975-2030 (Cell)

Greg Palmer
Director
MAGPI (Internet2 connector –closest to our Newark Delaware Datacenter)
Suite 221A
3401 Walnut Street
Philadelphia, PA 19104
215.746.2474
gpalmer@isc.upenn.edu

Charles McMahon
LONI (Internet2 and NLR) Executive Director
Louisiana State University
225.578.3700
cmcmaho@lsu.edu

At this juncture, we are only presenting the network operations costs that we will be incurring over the next two years. Beyond that point, many of the costs reflected in the budget (below) will be non-recurring (particularly, web-based delivery system & major components of network design and deployment).

Obviously, there are aspects of the AO-TFH system not yet funded, and so therefore not reflected in the above budget. In particular, AO-TFH management anticipates soon receiving funding/spending an additional approximately \$500,000 on medical technology and services for our initial telemedicine system (expenditures which are at any rate not within the permitted realm of FCC RHCP fund usage). We are also working with various of our Coalition partners, to achieve funding and in-kind personnel resources needed to provide the manpower for these initiatives, including a Program Director, a Clinical Director, two Originating Site Managers, and other staff comprising the associated Multi-Disciplinary Team needed to fulfill our interim/longer term telehealth and telemedicine plans.

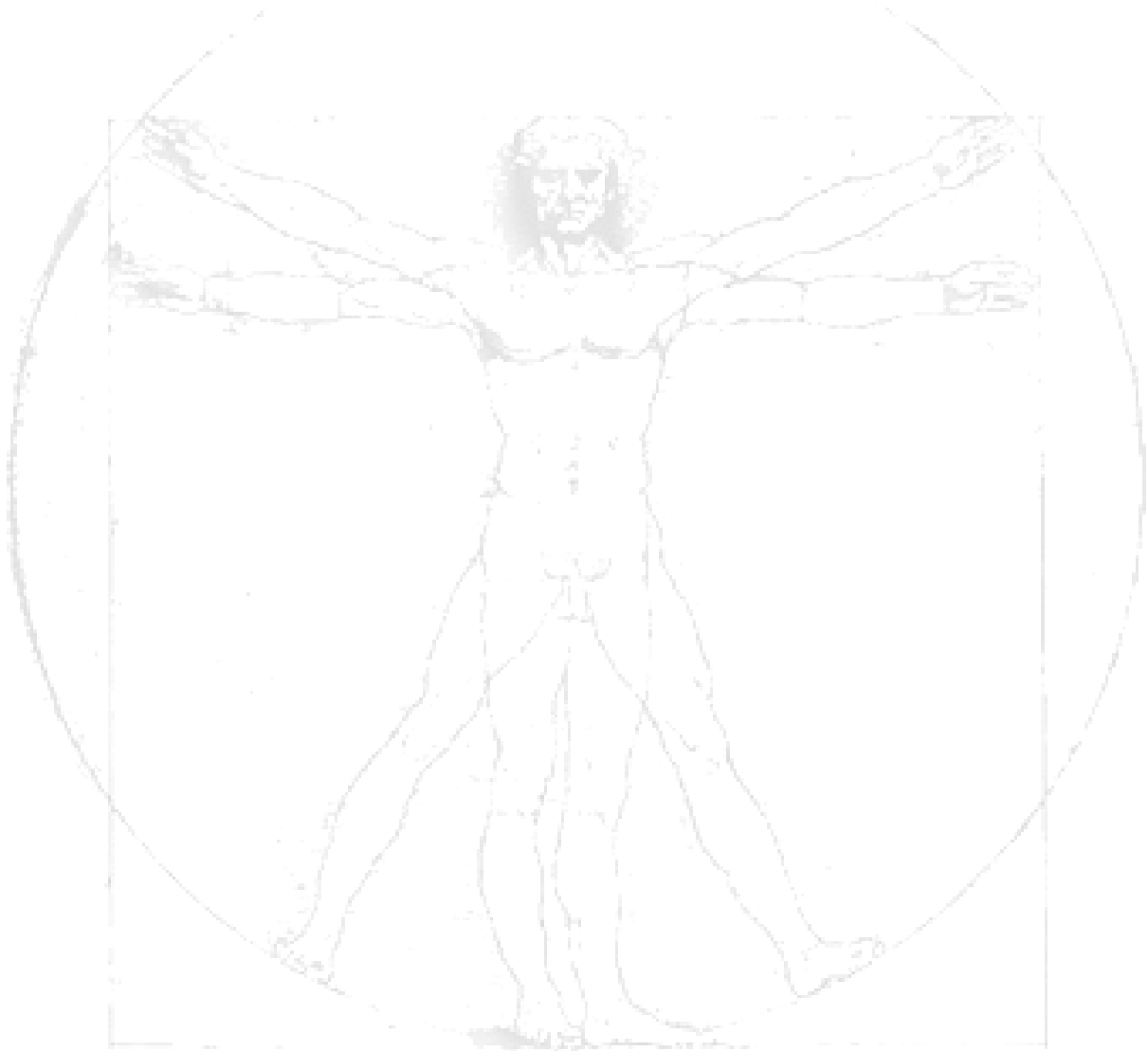
The AO-TFH telehealth web communication conferencing platform, the framework for which is Adobe Connect (part of the procurement from this budgeted funding request), will be embedded in the AO-TFH web-system, and integrated with its existing scripting software and database structure. This represents the foundation for an excellent high volume user telehealth network that is a secure, flexible web communication system supporting and extending its functionality to provide AO-TFH enterprise web communication solutions for telemedicine, tele-rehabilitation and training, as well as enterprise web conferencing, and online collaboration. It is comparatively more cost effective than the cheapest dedicated solution, and offers more powerful web communication and collaborative features.

AO-TFH Budget Detail

Description	%	AO-TFH		FCC -RHCP		Total
		Match-Funds		Needed-Funds		
		Amount	%	Amount		
Personnel Costs incld Fringe Benefits / annual	347,971					
Personnel Project Duration - x 2yrs.	100%	695,942				\$695,942
Travel and Fees 13 State Health Info Exch. Charter	100%	139,864				\$139,864
Supplies	100%	8,400				\$8,400
Office Equipment	100%	53,224				\$53,224
Data Center - Internet Connection Load Bal./ Bandwidth						
Optimization F5 3400 LTM/GTM w/ main.	15%	22,980	85%	130,220		153,200
Web Communication Platform						
Software Ntwk. Eng. WCP (INI and JAR, etc.)	17%	10,000	83%	50,000		60,000
Adobe Connect Platform	15%	18,469	85%	104,652		123,121
Procure Svcs. from Premier - Ready Connect	15%	22,500	85%	127,500		150,000
NOC and Telepresence Central Host Facility	100%	75,853				
Intelligent Gateway Software						
INS/INC Server (in the NOC)	15%	5,805	85%	32,895		38,700
Gateway Server (at ea. of 7 co. hospitals/1 ASU med trailer)	15%	21,960	85%	124,440		146,400
Mesh Nodes (from GS at each of 8)	15%	24,480	85%	138,720		163,200
Contractors						\$835,725
Contractor Subtotals: yr1 – 578,339; yr2 – 449,700						
Network Design and Engineering	25%	48,079	75%	144,235		192,314
Evaluator (over 2 years)	100%	15,385				
Tailored Technology Training	50%	74,315	50%	74,315		
Custom Computing Solutions Web-system Sftwr Eng.	50%	35,855	50%	35,855		
System Integrator and Implementation	60%	360,000	40%	240,000		
Other	100%	15,475				\$15,475
Data Center Hosting	25%	10,044	75%	30,132		\$40,176
MsDoM Indirect/Overhead	100%	30,000				\$30,000
Est. NGI --Internet2 and/or NLR Connectivity/Subscrp Costs	15%	60,000	85%	340,000		
		\$1,688,630		\$1,232,964		\$2,845,741

4. FOR-PROFIT PARTICIPANT COST SHARING

The for-profit participating health care facilities will be required to subsidize/provide their respective portions of the AO-TFH network that are capitalized by “public/non-profit facility only” based initiatives. However, it is the desire of AO-TFH leadership so see that all care facilities are as empowered as possible by this network deployment, in order that all patients are optimally served, in every potential way.



5. FINANCIAL SUPPORT

As reflected in the above budget, MsDoM has approximately \$1.7 million in funding committed, predominantly derived from transformation funding from MsDoM's lead federal agency budget source, CMS. Additionally, AO-TFH management anticipates out-year funding (beyond year 3) contributions from a number of identified sources, including budgetary funding from various factions of Mississippi state government related funding, as well as various network participants who will, it is anticipated, contribute adequate operating revenues to sustain and potentially grow the AO-TFH system.

6. HEALTH CARE FACILITIES

The participating health care facilities are listed below.

7. PARTICIPATING HEALTH CARE FACILITIES

A. HOSPITALS

ADAMS COUNTY

Natchez Community Hospital

RUCA # 4

129 Jefferson Davis Boulevard
P.O. Box 1203
Natchez, MS 39120
Phone: (601) 445-6205
J. Allen Tyra, Administrator

Natchez Regional Medical Center

RUCA # 4

54 Seargent Prentiss Drive
P. O. Box 1488
Natchez, MS 39121
Phone: (601) 443-2100
Jack Houghton, Administrator

ALCORN COUNTY

Magnolia Regional Health Center

RUCA # 4

611 Alcorn Drive
Corinth, MS 38834
Phone: (662) 293-1000
Rick Napper, Administrator

**North MS State Hospital Crisis
Intervention Center – Corinth**

RUCA # 4

1000 State Street
Corinth, MS 38834
Phone: (662) 665-2940
Paul A. Callens, Administrator

ATTALA COUNTY

Montfort Jones Memorial Hospital

RUCA # 7

220 Highway 12 West
Post Office Box 887
Kosciusko, MS 39090
Phone: (662) 289-4311
Richard Manning, Administrator

BOLIVAR COUNTY

Bolivar Medical Center

RUCA # 4

901 E. Sunflower Road
P.O. Box 1380
Cleveland, MS 38732
Phone: (662) 846-0061
Ruth A. McDaniel, Administrator

MS State Hospital

RUCA # 4

Crisis Intervention Center - Cleveland
714 Third Street
Cleveland, MS 38732
Phone: (662) 846-2620
Todd Jones, Administrator

CALHOUN COUNTY

Calhoun Health Services

RUCA # 7

140 Burke/Calhoun City Road
Calhoun City, MS 38916
Phone: (662) 628-6611
James P. Franklin, Administrator

CHICKASAW COUNTY

Trace Regional Hospital

RUCA # 7

1004 East Madison Street
Post Office Box 626
Houston, MS 38851
Phone: (662) 456-1000
Gary L. Staten, Administrator

CHOCTAW COUNTY

Choctaw County Medical Center

RUCA # 10

148 West Cherry Street
P.O. Box 1039
Ackerman, MS 39735
Phone: (662) 285-6235
Tami Jones, Administrator

CLAIBORNE COUNTY

Claiborne County Hospital
123 McComb Avenue
Post Office Box 1004
Port Gibson, MS 39150
Phone: (601) 437-5141
Mitch Monsour, Administrator

RUCA # 10.6**CLARKE COUNTY**

H. C. Watkins Memorial Hospital
605 South Archusa Avenue
Quitman, MS 39355
Phone: (601) 776-6925
Michael Nester, Administrator

RUCA # 10.5**COVINGTON COUNTY**

Covington County Hospital
701 South Holly Street
Post Office Box 1149
Collins, MS 39428
Phone: (601) 765-6711
Clay Johnston, Administrator

RUCA # 10**DESOTO COUNTY**

Baptist Memorial Hospital Desoto
7601 Southcrest Parkway
Southaven, MS 38671
Phone: (662) 349-4000
Randy King, Administrator

RUCA # 1**CLAY COUNTY**

Clay County Medical Corporation
835 Medical Center Drive
West Point, MS 39773
Phone: (662) 495-2300
Tim Moore, Administrator

RUCA # 8**COAHOMA COUNTY**

Northwest MS Regional Medical Ctr
1970 Hospital Drive / P.O. Box 1218
Clarksdale, MS 38614
Phone: (662) 627-3211
Deborah S. Guthrie, Administrator

RUCA # 4**COPIAH COUNTY**

Hardy Wilson Memorial Hospital
233 Magnolia Street / Post Office Box 889
Hazlehurst, MS 39083
Phone: (601) 894-4541
John Phillips, Administrator

RUCA # 7.3

Parkwood Behavioral Health System
8135 Goodman Road
Olive Branch, MS 38654
Phone: (662) 895-4900
M. Andrew Mayo, Administrator

RUCA # 1**FORREST COUNTY**

Forrest General Hospital
6051 U. S. Highway 49 / Post Office Box 16389
Hattiesburg, MS 39404
Phone: (601) 288-7000

RUCA # 1

William C. Oliver, Executive Director

Regency Hospital of Hattiesburg **RUCA # 1**
6051 U.S. Hwy 49, 5th Floor
Hattiesburg, MS 39401
Phone: (601) 288-8510
Douglas Johnson, Administrator

FRANKLIN COUNTY

Franklin County Memorial Hospital **RUCA #**
40 Union Church Road / Post Office Box 636
Meadville, MS 39653
Phone: (601) 384-5801
Lance Moak, Administrator

GEORGE COUNTY

George County Hospital **RUCA # 10.5**
859 Winter Street / Post Office Box 607
Lucedale, MS 39452
Phone: (601) 947-3161
Paul A. Gardner, Administrator

GREENE COUNTY

Greene County Hospital **RUCA # 10**
1017 Jackson Street / Post Office Box 819
Leakesville, MS 39451
Phone: (601) 394-4135
April Walker, Administrator

GRENADA COUNTY

Grenada Lake Medical Center **RUCA # 4**
960 Avent Drive
Grenada, MS 38901
Phone: (662) 227-7000
Charles Denton, Administrator

MS State Hospital **RUCA # 4**
Crisis Intervention Center - Grenada
1970 Grandview Drive
Grenada, MS 38901
Phone: (662) 227-3700
Andre Lewis, Administrator

HANCOCK COUNTY

Hancock Medical Center **RUCA # 1**
149 Drinkwater Boulevard
P. O. Box 2790
Bay St. Louis, MS 39521-2790
Phone: (228) 467-8600
Hal W. Leftwich, Administrator

HARRISON COUNTY

Biloxi Regional Medical Center **RUCA # 1**
150 Reynoir Street
Post Office Box 128
Biloxi, MS 39530
Phone: (228) 436-1104
Tim Mitchell, Administrator

Garden Park Medical Center RUCA # 1
15200 Community Road
Gulfport, MS 39503
Phone: (228) 575-7000
William E. Peaks, CEO

Gulf Coast Medical Center RUCA # 1
180 DeBuys Road
Post Office Box 4518
Biloxi, MS 39531
Phone: (228) 388-6711
Michael I. Terry, Administrator

Memorial Hospital at Gulfport RUCA # 1
4500 13th Street
Post Office Box 1810
Gulfport, MS 39501
Phone: (228) 867-4000
Gary G. Marchand, Administrator

Select Specialty Hospital Gulf Coast RUCA # 1
1520 Broad Avenue
Gulfport, MS 39501
Phone: (228) 867-4820
John Heffner, CEO

HINDS COUNTY

Central MS Medical Center RUCA # 1
1850 Chadwick Drive
Jackson, MS 39204
Phone: (601) 376-1000
John R. Finnegan, CEO

MS Baptist Medical Center RUCA # 1
1225 North State Street / P.O. Box 23668
Jackson, MS 39202
Phone: (601) 968-1000
C. Gerald Cotton, Executive Vice-Pres.

MS Methodist Rehabilitation Center RUCA # 1
1350 East Woodrow Wilson Drive
Jackson, MS 39216
Phone: (601) 981-2611
Mark A. Adams, Administrator

MS Hospital for Restorative Care RUCA # 1
1225 North State Street
Post Office Box 23695
Jackson, MS 39202
Phone: (601) 973-1661
Kathleen Ladnes Administrator

Regency Hospital of Jackson RUCA # 1
969 Lakeland Drive 6th floor
Jackson, MS 39216
Phone: (601)364-6200

Michael Bailey, Administrator

St. Dominic-Jackson Memorial Hospital **RUCA # 1**

969 Lakeland Drive
Jackson, MS 39216
Phone: (601) 200-6848
Claude W. Harbarger, Administrator

Select Specialty Hospital - Jackson **RUCA # 1**

5903 Ridgewood Road
Jackson, MS 39211
Phone: (601) 899-3000
Aaron Anothayanontha, Administrator

The University Hospital and Clinics **RUCA # 1**

University of MS Medical Center
2500 North State Street
Jackson, MS 39216
Phone: (601) 984-4100
David G. Putt, Administrator

HOLMES COUNTY

University Hospital & Clinic-Holmes County **RUCA #**

239 Bowling Green Road
Lexington, MS 39095
Phone: (662) 834-1321
Mary Ellen Pratt, Administrator

HUMPHREYS COUNTY

Humphreys County Memorial Hospital **RUCA # 7**

500 CCC Road
Post Office Box 510
Belzoni, MS 39038
Phone: (662) 247-3831
Debra Griffin, Administrator

JACKSON COUNTY

Ocean Springs Hospital **RUCA # 1**

3109 Bienville Boulevard
Ocean Springs, MS 39564
Phone: (228) 818-1111
Kevin Holland, Administrator
(Satellite Unit of Singing River Hospital System)

Singing River Hospital **RUCA # 1**

2809 Denny Avenue
Pascagoula, MS 39581
Phone: (228) 809-5000
Lynn Truelove, Administrator

JASPER COUNTY

Jasper General Hospital **RUCA # 10.5**

15 South 6th Street / Post Office Box 527
Bay Springs, MS 39422
Phone: (601) 764-2101
Kenneth Posey, Administrator

JEFFERSON COUNTY

Jefferson County Hospital
870 South Main Street
Post Office Box 577
Fayette, MS 39069
Phone: (601) 786-3401
Jerry L. Kennedy, Administrator

RUCA # 9

JEFFERSON DAVIS COUNTY

Jefferson Davis Community Hospital **RUCA # 10**
1102 Rose Street
Post Office Box 1288
Prentiss, MS 39474
Phone: (601) 792-4276
Mary Curtis, Administrator
Licensed Beds: 35

JONES COUNTY

South Central Regional Medical Ctr **RUCA # 4**
1220 Jefferson Street
Post Office Box 607
Laurel, MS 39441
Phone: (601) 426-4507
C. Douglas Higginbotham, Administrator

South MS State Hospital **RUCA # 4**
Crisis Intervention Center - Laurel
934 West Drive
Laurel, MS 39440
Phone: (601) 426-7520
Wynona Winfield, Administrator

LAFAYETTE COUNTY

Baptist Memorial Hospital **RUCA # 5**
- North MS
2301 South Lamar Boulevard
Post Office Box 946
Oxford, MS 38655
Phone: (662) 232-8100
Zach Chandler, Administrator

LAMAR COUNTY

South MS State Hospital **RUCA # 2**
823 Highway 589
Purvis, MS 39475
Phone: (601) 794-0100
Wynona C. Winfield, Administrator

Wesley Medical Center **RUCA # 1**
5001 Hardy Street
Post Office Box 16509
Hattiesburg, MS 39402
Phone: (601) 268-8000
Ronald T. Seal, Administrator

LAUDERDALE COUNTY

Alliance Health Center **RUCA # 4**
5000 Highway 39 North
Meridian, MS 39303
Phone: (601) 483-6211
William Patterson, CEO

East MS State Hospital RUCA # 4
4555 Highland Park Drive
Post Office Box 4128
Meridian, MS 39304
Phone: (601) 482-6186
Charles Carlisle, Administrator

Jeff Anderson Regional Medical Ctr RUCA # 4
2124 14th Street
Meridian, MS 39301
Phone: (601) 553-6000
Mark D. McPhail, CEO

Regency Hospital of Meridian RUCA # 4
1102 Constitution Ave., 2nd Floor
Meridian, MS 39301
Phone: (601)484-7900
Benny Costello, Administrator

Riley Hospital RUCA # 4
1102 Constitution Avenue
Post Office Box 1810
Meridian, MS 39301
Phone: (601) 693-2511
Kerry Tirman, Administrator

Rush Foundation Hospital RUCA # 4
1314 19th Avenue
Meridian, MS 39301
Phone: (601) 483-0011
Chuck Reese, Administrator

The Specialty Hospital of Meridian RUCA # 4
1314 19th Avenue
Meridian, MS 39301
Phone: (601) 486-4211 or 703-4211
Wallace Strickland, Administrator

LAWRENCE COUNTY

Lawrence County Hospital RUCA # 10.5
1065 East Broad Street
Post Office Box 788
Monticello, MS 39654
Phone: (601) 587-4051
Semmes Ross, Jr., Administrator

LEAKE COUNTY

Leake Memorial Hospital RUCA # 8
310 Ellis Street
Post Office Box 909
Carthage, MS 39051
Phone: (601) 267-1100
Robert Faulkner, Administrator

LEE COUNTY

North MS Medical Center RUCA # 4
830 South Gloster

Tupelo, MS 38801
Phone: (662) 377-3000
Chuck Stokes, Administrator

North MS State Hospital
1937 Briar Ridge Road
Tupelo, MS 38804
Phone: (662) 690-4200
Paul Callens, Administrator

RUCA # 4

LEFLORE COUNTY

Greenwood Leflore Hospital
1401 River Road
Post Office Box 1410
Greenwood, MS 38935-1410
Phone: (662) 459-7000
Jerry W. Adams, Administrator

RUCA # 4

Greenwood Specialty Hospital
1401 River Road - Second Floor
Greenwood, MS 38930
Phone: (662) 459-2681
Mark Pearson, Administrator

RUCA # 4

LINCOLN COUNTY

King's Daughters Medical Center
427 Highway 51 North / P.O. Box 948
Brookhaven, MS 39601
Phone: (601) 833-6011
Phillip L. Grady, Administrator

RUCA # 5

LOWNDES COUNTY

**Baptist Memorial Hospital
- Golden Triangle**
2520 5th Street North
Post Office Box 1307
Columbus, MS 39705
Phone: (662) 244-1500
Jason Little, Administrator

RUCA # 4

MADISON COUNTY

Madison County Medical Center
1421 East Peace Street
Post Office Box 1607
Canton, MS 39046
Phone: (601) 859-1331
Joseph D. Weaver, Administrator

RUCA # 2

MARION COUNTY

Marion General Hospital
1560 Sumrall Road
Post Office Box 630
Columbia, MS 39429
Phone: (601) 736-6303
Jerry Howell, Administrator

RUCA # 8

MARSHALL COUNTY

Alliance Healthcare System
1430 Highway 4 East
Post Office Box 6000
Holly Springs, MS 38635

RUCA # 7.3

Phone: (662) 252-1212
Perry Williams, Administrator

MONROE COUNTY

**Gilmore Memorial Regional
Medical Center**

RUCA # 7.4

1105 Earl Frye Boulevard
Post Office Box 459
Amory, MS 38821
Phone: (662) 256-7111
Monte Bostwick, Administrator

**Pioneer Community Hospital
of Aberdeen**

RUCA # 7.4

Critical Access Hospital
400 South Chestnut Street
Post Office Box 548
Aberdeen, MS 39730
Phone: (662) 369-2455
Steven M. Fontaine, Administrator

MONTGOMERY COUNTY

Kilmichael Hospital

RUCA # 8

301 Lamar Street
Post Office Box 188
Kilmichael, MS 39747
Phone: (662) 262-4311
Calvin D. Johnson, Administrator

Tyler Holmes Memorial Hospital

RUCA # 7

409 Tyler Holmes Drive
Winona, MS 38967
Phone: (662) 283-4114
R. M. Tyler, Administrator

NESHOBA COUNTY

Neshoba County General Hospital

RUCA # 8

1001 Holland Avenue
Post Office Box 648
Philadelphia, MS 39350
Phone: (601) 663-1200
Lawrence C. Graeber, Administrator

NEWTON COUNTY

East MS State Hospital

RUCA # 7

Crisis Intervention Ctr- Newton
700 Northside Drive / Post Office Box 470
Newton, MS 39345
Phone: (601) 683-4300
Mark Yeager, Ph.D., Administrator

Laird Hospital, Inc.

RUCA # 10.6

25117 Highway 15
Union, MS 39365
Phone: (601) 774-8214
Thomas Bartlett, CEO

Newton Regional Hospital **RUCA # 7**
9421 Eastside Drive Extension
Post Office Box 299
Newton, MS 39345
Phone: (601) 683-2031
Timothy Thomas, Administrator

NOXUBEE COUNTY

Noxubee General Critical Access Hospital **RUCA # 10.6**
606 North Jefferson Street
Post Office Box 480
Macon, MS 39341
Phone: (662) 726-4231
Danny H. McKay, Administrator

OKTIBBEHA COUNTY

Oktibbeha County Hospital **RUCA # 4**
400 Hospital Road
Post Office Drawer 1506
Starkville, MS 39759
Phone: (662) 323-4320
Arthur C. Kelly, Administrator

PANOLA COUNTY

Batesville Specialty Hospital **RUCA # 7**
303 Medical Center Drive
Batesville, MS 38606
Phone: (662) 712-2192
Candice Eidib, Administrator

North MS State Hospital **RUCA # 7**
Crisis Intervention Center - Batesville
120 Randy Hendrix Drive
Batesville, MS 38606
Phone: (662) 712-1100
Paul A. Callens, Administrator

Tri-Lakes Medical Center **RUCA # 7**
303 Medical Center
Batesville, MS 38606
Phone: (662) 563-5611
Ray Shoemaker, Administrator

PEARL RIVER COUNTY

Highland Community Hospital **RUCA # 4.2**
801 Goodyear Boulevard / Post Office Box 909
Picayune, MS 39466
Phone: (601) 798-4711
G. Edward Tucker, Jr., Administrator

Pearl River County Hospital **RUCA # 10**
305 West Moody Street
Post Office Box 392
Poplarville, MS 39470
Phone: (601) 795-4543
Dorothy C. Bilbo, Administrator

PERRY COUNTY**Perry County General Hospital****RUCA # 10.1**

206 Bay Avenue
Post Office Box 1665
Richton, MS 39476
Phone: (601) 788-6316
J. David Paris, Administrator

PIKE COUNTY**Beacham Memorial Hospital****RUCA # 5**

205 North Cherry Street
Post Office Box 351
Magnolia, MS 39652
Phone: (601) 783-2351
Guy Geller, Administrator

Southwest MS Regional Medical Ctr **RUCA # 4**

215 Marion Avenue
Post Office Box 1307
McComb, MS 39649
Phone: (601) 249-5500
Norman M. Price, Administrator

PONTOTOC COUNTY**Pontotoc Critical Access Hospital****RUCA # 7.4**

176 South Main Street
Post Office Box 790
Pontotoc, MS 38863
Phone: (662) 489-5510
Fred B. Hood, Administrator

PRENTISS COUNTY**Baptist Memorial Hospital
-Booneville****RUCA # 8**

100 Hospital Street
Booneville, MS 38829
Phone: (662) 720-5000
Al Sypniewski, Administrator

QUITMAN COUNTY**Quitman County Hospital****RUCA # 7**

340 Getwell Drive
Marks, MS 38646
Phone: (662) 326-8031
Sean Johnson, Administrator

RANKIN COUNTY**Brentwood Behavioral Healthcare****RUCA # 1**

3531 Lakeland Drive
Jackson, MS 39232
Phone: (601) 936-2024
Michael Carney, Administrator

MS State Hospital**RUCA # 1**

3550 Highway 468 West
Post Office Box 157-A
Whitfield, MS 39193
Phone: (601) 351-8000 Ext. 8084
James C. Chastain, Administrator

Oak Circle Center RUCA # 1
3550 Highway 468 West, Bldg 23
Mississippi State Hospital
Whitfield, MS 39193
Phone: (601) 351-8000
James G. Chastain, Administrator

Rankin Medical Center RUCA # 1
350 Crossgates Boulevard
Brandon, MS 39042
Phone: (601) 825-2811
Davis A. Richards, III, Administrator

River Oaks Hospital RUCA # 1
1030 River Oaks Drive
Flowood, MS 39296
Phone: (601) 932-1030
John J. Cleary, Administrator

Whitfield Medical/Surgical Hospital RUCA # 1
Building 60, Oak Circle
Whitfield, MS 39193
Phone: (601) 351-8023
Diana S. Mikula, Administrator

Woman's Hospital at River Oaks RUCA # 1
1026 North Flowood Drive
Flowood, MS 39232
Phone: (601) 932-1000
John J. Cleary, Administrator

SCOTT COUNTY

**S. E. Lackey Critical Access
Hospital** RUCA # 8
330 North Broad Street
Post Office Box 428
Forest, MS 39074
Phone: (601) 469-4151
Donna Riser, Administrator

Scott Regional Hospital RUCA # 3
317 Highway 13 South
P.O. Box 259
Morton, MS 39117
Phone: (601) 732-6301
Michael Edwards, Administrator

SHARKEY COUNTY

**Sharkey-Issaquena Community
Hospital** RUCA # 10
47 South Fourth Street
P.O. Box 339
Rolling Fork, MS 39159
Phone: (662) 873-4395
Jerry Keever, Administrator

SIMPSON COUNTY

Magee General Hospital
300 S. E. Third Avenue
Magee, MS 39111
Phone: (601) 849-5070
Althea Crumpton, Administrator

RUCA # 7.3

Simpson General Hospital
1842 Simpson, Highway 149
Post Office Box 457
Mendenhall, MS 39114
Phone: (601) 847-2221
Kerry Goff, Administrator

RUCA # 10.1**STONE COUNTY**

Stone County Hospital
1434 East Central Avenue
Post Office Drawer 97
Wiggins, MS 39577
Phone: (601) 928-6600
Julie Cain, Administrator

RUCA # 9.1**SUNFLOWER COUNTY**

Medical/Dental Facility at Parchman
Highway 49 West
Post Office Box E
Parchman, MS 38738
Phone: (662) 745-6611 Ext. 4112
W.E. Steiger, Administrator

RUCA # 7.4

North Sunflower County Hospital
840 North Oak Avenue
Post Office Box 369
Ruleville, MS 38771
Phone: (662) 756-2711
Billy N. Marlow, Administrator

RUCA # 7.4

South Sunflower County Hospital
121 East Baker Street
Indianola, MS 38751
Phone: (662) 877-5235
H.J. Blessitt, Administrator

RUCA # 4**TALLAHATCHIE COUNTY**

Tallahatchie General Hospital
201 South Market Street
Post Office Box 230
Charleston, MS 38921
Phone: (662) 647-5535
Bobby J. Brunson, Jr., Administrator

RUCA # 7.4**TATE COUNTY**

North Oak Regional Medical Center
401 Getwell Drive
Post Office Box 648
Senatobia, MS 38668
Phone: (662) 562-3100
Sonja Graham, Administrator

RUCA # 7.3

TISHOMINGO COUNTY

Tishomingo Health Services

RUCA # 6

1777 Curtis Drive
Post Office Box 860
Iuka, MS 38852
Phone: (662) 423-6051
Fred Trusdale, Administrator

TIPPAH COUNTY

Tippah County Hospital

RUCA # 10.6

1005 City Avenue North
Post Office Box 499
Ripley, MS 38663
Phone: (662) 837-9221
Jerry Green, Administrator

UNION COUNTY

**Baptist Memorial Hospital
- Union County**

RUCA # 7

200 Highway 30 West
New Albany, MS 38652
Phone: (662) 538-7631
James Huffman, Administrator

WALTHALL COUNTY

Walthall County General Hospital

RUCA # 10

100 Hospital Drive
Tylertown, MS 39667
Phone: (601) 876-2122
Jimmy Graves, Administrator

WARREN COUNTY

**Promise Speciality Hospital
of Vicksburg**

RUCA # 4

1111 Frontage Road 2nd Floor
Vicksburg, MS 39180
Phone: (601) 619-3526
Lee Huckaby, Administrator

River Region Health System

RUCA # 4

2100 Highway 61 North
Post Office Box 590
Vicksburg, MS 39183
Phone: (601) 883-5000
Phillip A. Clendenin, CEO

WASHINGTON COUNTY

Delta Regional Medical Center

RUCA # 4

1400 East Union Street
Post Office Box 5247
Greenville, MS 38701
Phone: (662) 334-2169
Ray Humphreys, Administrator

**Delta Regional Medical Center
– West Campus**

RUCA # 4

300 South Washington Avenue
Greenville, MS 38701
Phone: (662) 378-2020
Ray Humphreys, Administrator

WAYNE COUNTY

Wayne General Hospital

RUCA # 8

950 Matthew Drive
Post Office Box 1249
Waynesboro, MS 39367
Phone: (601) 735-5151
Donald Hemeter, Administrator

WEBSTER COUNTY

Webster Health Services

RUCA # 10

500 Veterans Memorial Blvd.
Eupora, MS 39744
Phone: (662) 258-6221
Bob Jones, Administrator

YAZOO COUNTY

King's Daughters Hospital

RUCA # 4.2

823 Grand Avenue
Yazoo City, MS 39194
Phone: (662) 746-2261
Daryl W. Weaver, Administrator

WILKINSON COUNTY

Field Memorial Community Hospital

RUCA # 10

270 West Main Street
Post Office Box 639
Centreville, MS 39631
Phone: (601) 645-5221
Brock S. Slabach, Administrator

WINSTON COUNTY

Diamond Grove

RUCA # 8

Center for Children and Adolescents
2311 Highway 15 South
Louisville, MS 39339
Phone: (662) 779-0119
Patrick Swoopes, Administrator

Winston Medical Center

RUCA # 8

562 East Main
Post Office Box 967
Louisville, MS 39339
Phone: (662) 773-6211
W. Dale Saulters, Administrator

YALOBUSHA COUNTY

Yalobusha General Hospital

RUCA # 7

630 S. Main Street
Post Office Box 728
Water Valley, MS 38965
Phone: (662) 473-1411
Terry Varner, Administrator

B. CERTIFIED RURAL HEALTH CLINICS

ADAMS COUNTY

Natchez Rural Health Clinic RUCA #4
500 Martin Luther King Street
Natchez, MS 39120
Phone: (601) 446-7332

Pediatric & Adolescent Clinic RUCA #4
308 Highland Blvd.
Natchez, MS 39120
Phone: (601) 442-7676

ALCORN COUNTY

Crossroads Rural Health Clinic RUCA #4
2668 South Harper Road, Ste.# 3
Corinth, MS 38834
Phone: (662) 286-2300

The Family Clinic of Rienzi RUCA #5
82 Main Street
Post Office Box 194
Rienzi, MS 38865
Phone: (662) 462-8600

Family Acute Care Center RUCA #4
2045 East Shiloh Road
Corinth, MS 38834
Phone: (662) 286-5112

Medi-Stat Clinic RUCA #4
1001 South Harper Road
Corinth, MS 38834
Phone: (662) 286-6961

Tri State Rural Health Clinic RUCA #4
502 Alcorn Drive
Corinth, MS 38835
Phone: (662) 287-5216

AMITE COUNTY

FMCH Gloster Clinic RUCA #10
434 North Captain Gloster Dr.
Gloster, MS 39638
Phone: (601) 225-4711

BENTON COUNTY

Hickory Flat Association Clinic RUCA #10.6
407 Oak Street
Hickory Flat, MS 38633
Phone: (601) 333-6387

BOLIVAR COUNTY

Rosedale Family Medical Clinic RUCA #5
512 Levee Street
Rosedale, MS 38769
Phone: (662) 759-6806

Shelby Clinic LLC RUCA #9.2
901 Forest Street
Shelby, MS 38774

Phone: (662) 398-5106

CALHOUN COUNTY

Vardaman Family Medical Clinic

RUCA # 10.6

416 East Sweet Potato Street
Vardaman, MS 38878
Phone: (662) 682-7555

CHICKASAW COUNTY

Houston Family Medical Clinic

RUCA #7

Highway 8, East
Houston, MS 38851
Phone: (662) 456-1150

Woodland Clinic

RUCA #8.4

120 Market Street/P.O. Box 186
Woodland, MS 39776
Phone: (662) 456-0111

CHOCTAW COUNTY

Choctaw County Medical Center

RUCA #10

148 West Cherry Street
Ackerman, MS 39735
Phone: (662) 285-6235

CCHC Rural Health Clinic Weir

RUCA #10

547 Front Street
Weir, MS 39772
Phone: (662) 547-9677

CLAIBORNE COUNTY

**Claiborne County Hospital
Rural Health Clinic**

RUCA #10.6

123 McComb Avenue
Port Gibson, MS 39150
Phone: (601) 437-5141

CLARKE COUNTY

The Medical Group

RUCA #10.5

305 South Archusa
Quitman, MS 39355
Phone: (601) 776-2123

CLAY COUNTY

Children's Clinic

RUCA #8

720 Medical Center Drive
West Point, MS 39773
Phone: (662) 494-1620

COAHOMA COUNTY

The Woman's Clinic

RUCA #4

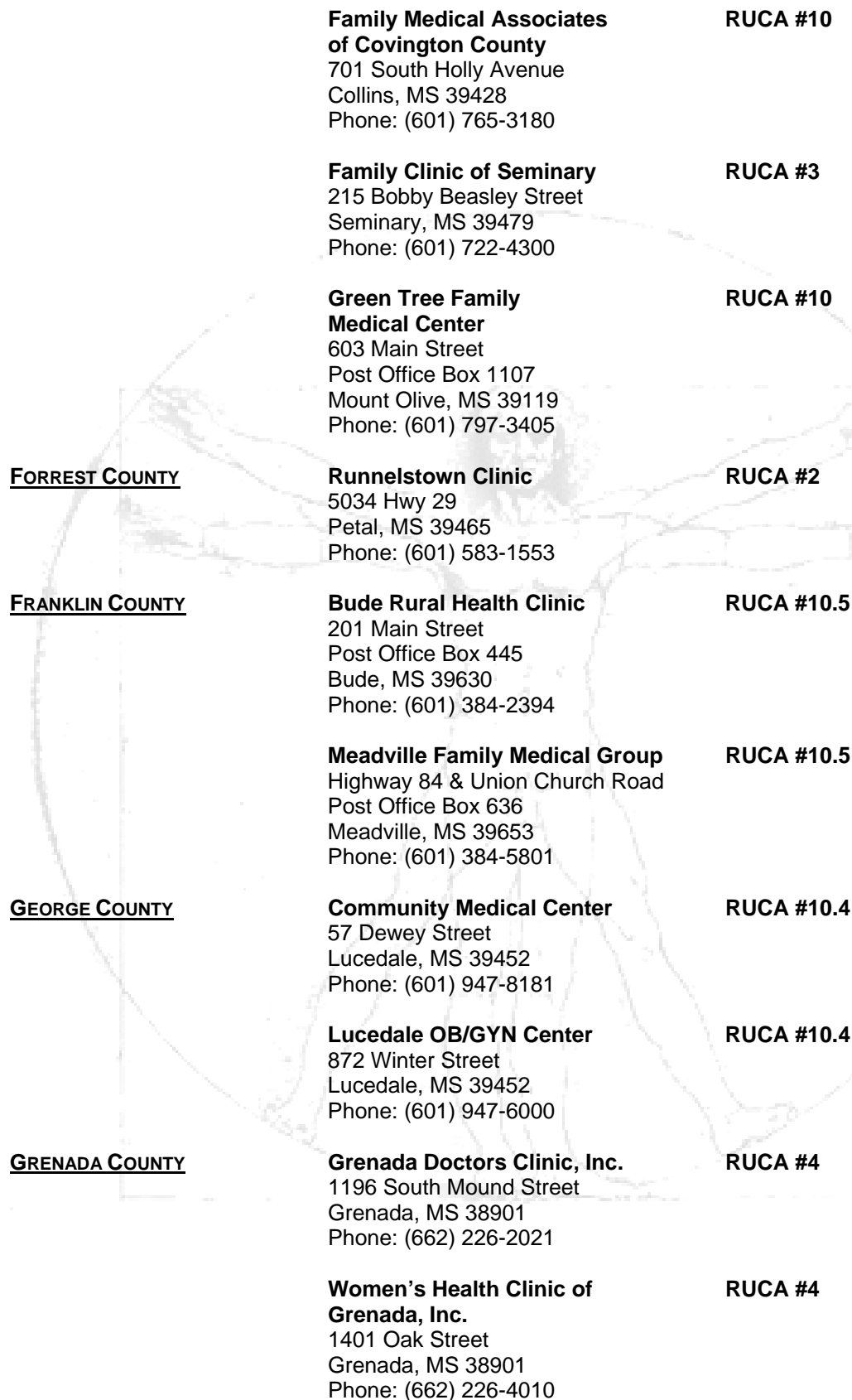
2000 North State Street
Clarksdale, MS 38614
Phone: (662) 627-7361

COVINGTON COUNTY

Collins Family Practice Clinic

RUCA #10

704 Fifth Street
Collins, MS 39428
Phone: (601) 765-4414



	Family Medical Associates of Covington County 701 South Holly Avenue Collins, MS 39428 Phone: (601) 765-3180	RUCA #10
	Family Clinic of Seminary 215 Bobby Beasley Street Seminary, MS 39479 Phone: (601) 722-4300	RUCA #3
	Green Tree Family Medical Center 603 Main Street Post Office Box 1107 Mount Olive, MS 39119 Phone: (601) 797-3405	RUCA #10
<u>FORREST COUNTY</u>	Runnelstown Clinic 5034 Hwy 29 Petal, MS 39465 Phone: (601) 583-1553	RUCA #2
<u>FRANKLIN COUNTY</u>	Bude Rural Health Clinic 201 Main Street Post Office Box 445 Bude, MS 39630 Phone: (601) 384-2394	RUCA #10.5
	Meadville Family Medical Group Highway 84 & Union Church Road Post Office Box 636 Meadville, MS 39653 Phone: (601) 384-5801	RUCA #10.5
<u>GEORGE COUNTY</u>	Community Medical Center 57 Dewey Street Lucedale, MS 39452 Phone: (601) 947-8181	RUCA #10.4
	Lucedale OB/GYN Center 872 Winter Street Lucedale, MS 39452 Phone: (601) 947-6000	RUCA #10.4
<u>GRENADA COUNTY</u>	Grenada Doctors Clinic, Inc. 1196 South Mound Street Grenada, MS 38901 Phone: (662) 226-2021	RUCA #4
	Women's Health Clinic of Grenada, Inc. 1401 Oak Street Grenada, MS 38901 Phone: (662) 226-4010	RUCA #4

HANCOCK COUNTY

Hancock Family Care Center **RUCA #2**
16230 Hwy 603
Suite G
Kiln, MS 39556
Phone: (228) 255-5200

Hancock Medical Services **RUCA #1**
3068 Port & Harbor Drive
Bay St. Louis, MS 39520
Phone: (228) 467-8688

HINDS COUNTY

Bolton Family Clinic **RUCA #2**
Corner of Madison and Depot
Post Office Box 217
Bolton, MS 39041
Phone: (601) 866-7733

Minor Med Care, Raymond **RUCA #2**
120 West Main Street
Post Office Box 1223
Raymond, MS 39154
Phone: (601) 857-2341

HOLMES COUNTY

Charles W. Campbell Rural Health Clinic **RUCA #7**
102 Carrollton Street
Lexington, MS 39095
Phone: (662) 834-1721

Durant Primary Care Clinic **RUCA #7**
638 Northwest Avenue
Durant, MS 39063
Phone: (662) 653-1002

Internal Medicine Clinic of Lexington **RUCA #7**
115 West China Street
Lexington, MS 39095
Phone: (662) 834-3956

Lexington Primary Care Clinic **RUCA #7**
110 Tchula Street
Lexington, MS 39095
Phone: (662) 834-1855

University Hospital and Clinics/ Holmes Co-RHC **RUCA #7**
239 Bowling Green Road
Lexington, MS 39095
Phone: (662) 834-1321

UMC - Durant Rural Health Clinic **RUCA #7**
675 North West Avenue
Durant, MS 39063
Phone: (662) 653-3708

UMC - West Rural Health Clinic **RUCA #8**
18295 Emory Road
West, MS 39192
Phone: (662) 967-2462

HUMPHREYS COUNTY

Church Street Clinic **RUCA #7**
206 Church Street / P.O. Box 510
Belzoni, MS 39038
Phone: (662) 247-4532

**Greenwood Leflore Hospital
Gorton Clinic** **RUCA #7**
107 Church Street
Belzoni, MS 39038
Phone: (662) 247-2105

JASPER COUNTY

**Bay Springs After Hours Family
Health Clinic** **RUCA #10.5**
31 East 5th Avenue
Bay Springs, MS 39422
Phone: (601) 764-2143

JEFFERSON DAVIS COUNTY

**Jefferson Davis Community
Hospital Family Practice Clinic** **RUCA #10**
1814 Columbia Avenue
Prentiss, MS 39474
Phone: (601) 792-8432

Prentiss Family Practice Clinic **RUCA #10**
1150 Berry Street
Lucas, MS 39474
Phone: (601) 792-2072

JONES COUNTY

Laurel Pediatric & Adolescent **RUCA #4**
234 South 12th Avenue
Laurel, MS 39440
Phone: (601) 649-3520

**South Central Ellisville
Medical Clinic** **RUCA #4**
103 Avenue B
Ellisville, MS 39437
Phone: (601) 477-8553

LAMAR COUNTY

Purvis Family Practice Clinic **RUCA #2**
102 Shelby Speights Drive
Purvis, MS 39475
Phone: (601) 794-8065

Sumrall Medical Center **RUCA #2**
1238 Hwy 42
Sumrall, MS 39482
Phone: (601) 758-3100

LAUDERDALE COUNTY

Central MS Family Health Clinic RUCA #4

905-C South Frontage Road
Meridian, MS 39301
Phone: (601) 486-4210

North Hill Family Medical Clinic RUCA #4

5009 Highway 493
Meridian, MS 39305
Phone: (601) 626-8874

LAWRENCE COUNTY

Lawrence County Family Practice RUCA #10.5

1135 East Broad Street
Monticello, MS 39654
Phone: (601) 249-2701

LEAKE COUNTY

Leake Memorial Rural Health Clinic RUCA #8

302 Ellis Street
Carthage, MS 39051
Phone: (601) 267-1385

LEE COUNTY

Adults & Children Medical Clinic RUCA #6

733 North 4th Street
Baldwyn, MS 38824
Phone: (662) 365-3431

Healthy Starts RUCA #4

810 Garfield Street
Tupelo, MS 38801
Phone: (662) 680-3858

Hubbard Clinic RUCA #4

5038 Raymond Street
Verona, MS 38879
Phone: (662) 566-5593

Lakeside Family Clinic RUCA #6

529 South Fourth Street
Baldwyn, MS 38824
Phone: (662) 365-9019

Nurse Med, Inc. RUCA #6

1031 Northridge Road
Baldwyn, MS 38824
Phone: (662) 365-9305

Plantersville Family Clinic RUCA #5

2459 Main Street
Padenville, MS 38862
Phone: (662) 842-4877

Shannon Family Medical RUCA #5

Clinic, LLC
219 Broad Street
Shannon, MS 38868
Phone: (662) 767-8840

	Twin Care Family Clinic, LLC 2686 Highway 145 South, Suite B Saltillo, MS 38866 Phone: (662) 869-8693	RUCA #5
<u>LEFLORE COUNTY</u>	EMS Clinic 1509 Strong Avenue Greenwood, MS 38930 Phone: (662) 455-4411	RUCA #4
	Itta Bena Clinic 103 Basket Street Itta Bena, MS 38941 Phone: (662) 254-7717	RUCA #7.2
<u>LINCOLN COUNTY</u>	Bogue Chitto Family Practice 0028 Bogue Chitto Road SW Bogue Chitto, MS 39629 Phone: (601) 734-6630	RUCA #5
<u>MADISON COUNTY</u>	Canton Family Clinic 120 East Academy Street Canton, MS 39046 Phone: (601) 859-2611	RUCA #2
	Canton Physicians Group 1421 East Peace Street, Suite A Canton, MS 39046 Phone: (601) 855-5261	RUCA #2
<u>MARION COUNTY</u>	Columbia Family Clinic 502 Broad Street Columbia, MS 39429 Phone: (601) 736-8282	RUCA #8
	Internal Medicine Clinic 914 Sumrall Road Columbia, MS 39429 Phone: (601) 731-1470	RUCA #8
	Woman's Pavilion of South MS, PLLC 1212 Broad Street Columbia, MS 39429 Phone: (601) 736-6137	RUCA #8
<u>MARSHALL COUNTY</u>	Health 1st Family Medical Clinic 2422 Church Street Byhalia, MS 38611 Phone: (662) 838-5565	RUCA # 2
	Williams Medical Clinic 538 Access Road/P.O. Box 5040 Holly Springs, MS 38635 Phone: (662) 252-1599	RUCA #7.3

**Williams Medical Clinic
of Potts Camp**
39 Center Street / P.O. Box 40
Potts Camp, MS 38659
Phone: (662) 333-6933

RUCA #9.1

MONROE COUNTY

Aberdeen Health Clinic
501 Chestnut Street
Aberdeen, MS 39730
Phone: (662) 369-6131

RUCA #7.4

Chestnut Medical Clinic
502 South Chestnut Street
Aberdeen, MS 39730
Phone: (662) 369-9525

RUCA #7.4

Evergreen Clinic
Route 3, Box 379-M
Nettleton, MS 38858
Phone: (662) 963-9154

RUCA #5

Pioneer Family Medical
405 South Chestnut Street
Aberdeen, MS 39730
(662) 343-5129
Phone: (662) 369-9500

RUCA #7.4

Pioneer Family Medical of Hamilton
40128 Hamilton Road
Hamilton, MS 39746
Phone: (662) 343-5129

RUCA #9

MONTGOMERY COUNTY

Kilmichael Clinic
301 Lamar
Kilmichael, MS 39747
Phone: (662) 262-4284

RUCA #8

NESHOBA COUNTY

**Fairchild-Clearman Medical
Ass'n., RHC**
1122 East Main Street, Ste. 4
Philadelphia, MS 39350
Phone: (601) 656-1001

RUCA #8

NEWTON COUNTY

Alliance-Laird Clinic
25155 Hwy 15
Union, MS 39365
Phone: (601) 774-1513

RUCA #10.6

Decatur Medical Clinic
68 4th Avenue
Decatur, MS 39327
Phone: (601) 635-2258

RUCA #9

Family Medical Group of Union **RUCA #10.6**
24345 Highway 15
Union, MS 39365
Phone: (601) 774-8211

Newton Family Practice Clinic **RUCA #7**
252 Northside Drive
Newton, MS 39345
Phone: (601) 683-3117

Newton Regional Medical Clinic **RUCA #7**
208 South Main Street
Newton, MS 39345
Phone: (601) 683-6041

NOXUBEE COUNTY

Brooksville Primary Care Clinic, Inc. **RUCA #10.6**
139 North Oliver Street
Brooksville, MS 39739
Phone: (662) 738-4424

Macon Medical Clinic **RUCA #10.6**
602 North Jefferson Street
Macon, MS 39341
Phone: (662) 726-5831

Macon Primary Clinic **RUCA #10.6**
606 North Jefferson Street
Macon, MS 39341
Phone: (662) 726-4231

OKTIBBEHA COUNTY

Golden Triangle Rural Family Health Center **RUCA #4**
1237 Old Highway 82 East ClayOn Village
Starkville, MS 39759
Phone: (662) 320-7001

PANOLA COUNTY

Tri Lakes Pediatric Clinic **RUCA #7**
303 Medical Center Drive
Batesville, MS 38606
Phone: (662) 712-2367

Tri Lakes Women's Clinic **RUCA #7**
303 Medical Center Drive
Batesville, MS 38606
Phone: (662) 578-8272

PEARL RIVER COUNTY

Picayune Health Services **RUCA #4.2**
711 Sixth Avenue
Picayune, MS 39466
Phone: (601) 798-5798

The Poplarville Clinic **RUCA #10**
1407 South Main Street
Poplarville, MS 39470
Phone: (601) 795-0659

PERRY COUNTY

Doctors Clinic
210 Bay Avenue West
Richton, MS 39476
Phone: (601) 788-9222

RUCA #10.1**PIKE COUNTY**

Family Practice Clinic McComb
1506 Harrison Avenue
McComb, MS 39648
Phone: (601) 249-2142

RUCA #4

Family Practice Clinic Osyka
1081 Second Avenue
Osyka, MS 39657
Phone: (601) 542-3300

RUCA #5

Southwest Family Medicine
1510 Harrison Avenue
McComb, MS 39648
Phone: (601) 684-6891

RUCA #4

Pinnacle Medical Clinic
7900 MS Hwy 570 West
P.O. Drawer 1178
Summit, MS 39666
Phone: (601) 684-7771

RUCA #5**PONTOTOC COUNTY**

Sherman Family Clinic
608 Highway 178
Sherman, MS 38869
Phone: (662) 840-8978

RUCA #5

Toccopola Family Medical Clinic
7908 Highway 334 / P.O. Box 389
Toccopola, MS 38874
Phone: (662) 281-8003

RUCA #9**PRENTISS COUNTY**

Northridge Family Medicine
1031 Northridge Road
Baldwyn, MS 38824
Phone: (662) 365-9619

RUCA #6**QUITMAN COUNTY**

Deporres Health Center
411 Poplar Street
Marks, MS 38646
Phone: (662) 326-9232

RUCA #7**RANKIN COUNTY**

Florence Family Clinic
204 East Main Street
Florence, MS 39073
Phone: (601) 845-6602

RUCA #2**SCOTT COUNTY**

Clark Clinic
36 Second Street
Morton, MS 39117

RUCA #3

Phone: (601) 732-8612

Community Health Clinic

Forest, MS 39074

Phone: (601) 463-4771

RUCA #8

Forest Family Practice Clinic

#1 Medical Lane

Forest, MS 39074

Phone: (601) 469-4861

RUCA #8

SHARKEY COUNTY

Jackson Clinic

102 South Fourth

Rolling Fork, MS 39159

Phone: (662) 873-4361

RUCA #10

SIMPSON COUNTY

Magee After Hours Clinic

376A Simpson Hwy 49

Magee, MS 39111

Phone: (601) 849-5321

RUCA #7.3

STONE COUNTY

**Stone County Family
Medical Center**

144 Eat Central Avenue

Wiggins, MS 39577

Phone: (601) 928-6700

RUCA #9.1

Wiggins Clinic

303 South 1st Street

Wiggins, MS 39577

Phone: (601) 928-4412

(601) 928-4112

RUCA #9.1

Wiggins Primary Care Clinic

200 Coastal Paper Drive

Wiggins, MS 38751

Phone: (601) 528-9119

RUCA #4

SUNFLOWER COUNTY

Indianola Medical Clinic

401 Catchings Avenue

Indianola, MS 38751

Phone: (662) 887-2494

RUCA #4

Indianola Family Medical Group

122 East Baker Street

Indianola, MS 38751

Phone: (662) 887-2212

RUCA #4

Sunflower Rural Health Clinic

Ruleville, MS 38771

Phone: (662) 756-2711

RUCA #7.4

TALLAHATCHIE COUNTY

Charleston Clinic

401 Church Street

Post Office Box 27

RUCA #7.4

Charleston, MS 38921
Phone: (662) 647-5816

Glendora Clinic RUCA #10.2
Corner Gibson Ave. & Westbrook St.
Glendora, MS 38928
Phone: (662) 375-5578

Sumner Clinic RUCA #10.5
100 North Court Square
Sumner, MS 38957
Phone: (662) 375-9989

Tutwiler Clinic RUCA #10.5
205 Alma Street
Tutwiler, MS 38963
Phone: (662) 345-8334

Wolfe Family Medical Clinic RUCA #7.4
203 South Market Street
Charleston, MS 38921
Phone: (662) 647-0900

TIPPAH COUNTY

Blue Mountain Family Medical Clinic RUCA #10.6
124 North Guyton Boulevard
Blue Mountain, MS 38610
Phone: (662) 685-4700

Cotton Plant Family Clinic RUCA #10.6
100 CR 714
Blue Mountain, MS 38610
Phone: (662) 538-4111

Family Nurse Clinic RUCA #10.6
1305 City Avenue
Ripley, MS 38663
Phone: (662) 512-8590

Nurse Med. Inc. RUCA #10.6
716 South Main Street
Ripley, MS 38663
Phone: (662) 837-1534

TISHOMINGO COUNTY

Sears Clinic RUCA #6
1507 West Quitman
Iuka, MS 38852
Phone: (662) 423-1000

TUNICA COUNTY

Preventive Care Health Service RUCA #10.3
2073 Old Highway 61
Tunica, MS 38676
Phone: (662) 357-7602

UNION COUNTY

East Union Family Medical Clinic RUCA #9.2
1536 Hwy 9 South

Blue Springs, MS 38828
Phone: (662) 534-0505

Family Clinic of New Albany RUCA #7
474 W. Bankhead Street
New Albany, MS 38652
Phone: (662) 534-7777

Highway 15 Medical Clinic, PA RUCA #7
124 Highway 15 South
Ingomar, MS 38652
Phone: (662) 534-4706

**Internal Medicine Rural Health
Clinic of New Albany** RUCA #7
300 Oxford Road
New Albany, MS 38652
Phone: (662) 534-8166

WARREN COUNTY

The Family Medicine Clinic RUCA #4
1907 Mission 66
Vicksburg, MS 39180
Phone: (601) 636-1173

WASHINGTON COUNTY

Delta Regional Family Care RUCA #4
930 Main Street
Greenville, MS 38701
Phone: (662) 334-7747

Delta Regional Family Care RUCA #4
129 East Starling Street
Greenville, MS 38701
Phone: (662) 378-2020

Greenville Primary Care Clinic RUCA #4
2363 Hwy 1 South
Greenville, MS 38701
Phone: (662) 334-1253

Hollandale Primary Care RUCA #7.4
1257 Highway 61 South
Hollandale, MS 38748
Phone: (662) 827-2214

Leland Medical Clinic RUCA #5
201 Baker Boulevard
Leland, MS 38756
Phone: (662) 686-4121

WAYNE COUNTY

Arthur E. Wood Medical Clinic RUCA #8
920 Matthew Drive
Waynesboro, MS 39367
Phone: (601) 735-7101

WILKINSON COUNTY

FMCH Catching Clinic

451 Bank Street
Woodville, MS 39669
Phone: (601) 888-3421

RUCA #10

FMCH Field Clinic

206 Main Street
Centreville, MS 39631
Phone: (601) 645-5361

RUCA #10

WINSTON COUNTY

Louisville Medical Associates, LTC

564 East Main Street
Louisville, MS 39339
Phone: (662) 773-7500

RUCA #8

YALOBUSHA COUNTY

Water Valley Rural Health Clinic

Highway 7 South / P.O. Box 725
Water Valley, MS 38965
Phone: (662) 473-1311

RUCA #7

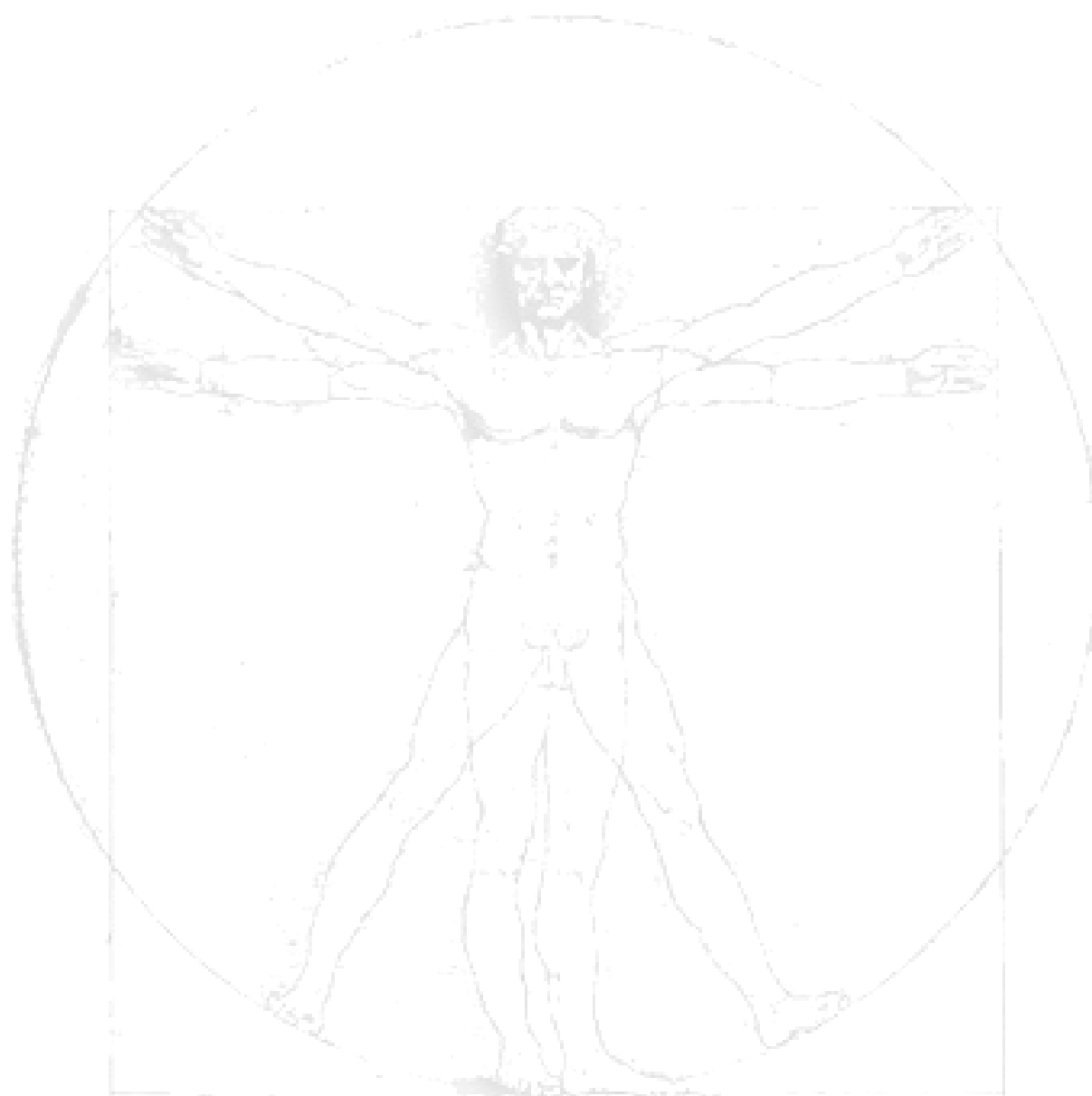
YAZOO COUNTY

Yazoo Family Healthcare, PLLC

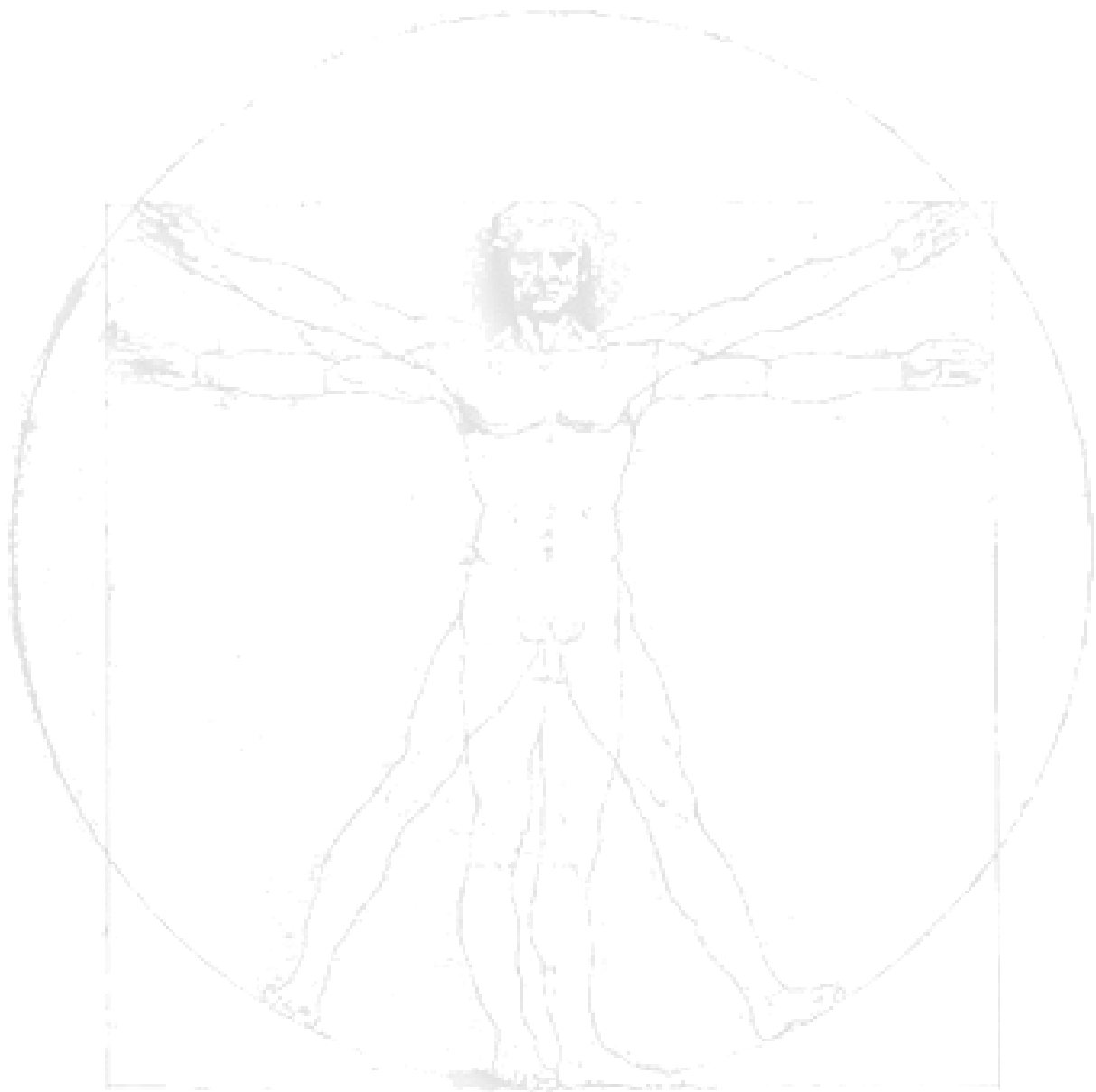
307 East 15th Street
Yazoo City, MS 39194
Phone: (662) 746-2113

RUCA #4.2

C. FEDERALLY QUALIFIED HEALTH



8. MANAGEMENT EXPERIENCE



9. PROJECT MANAGEMENT PLAN

AO-TFH Project Management Strategies

The AO-TFH project management process for its integrated telehealth/telemedicine and healthcare information system within the public sector has been identified as a critical element for Mississippi's future. Others outside the state have offered planning models (NIMS, etc.) and several of the MS agency AO-TFH coalition partners have on-going telemedicine and emergency preparedness programs and project management strategies for integrated healthcare information sharing. Therefore AO-TFH is blessed to have a depth of telehealth management experience and resources to draw on that is second to none. The project budget has been set out in an earlier section.

These other models have been consulted for the AO-TFH project. With these models in mind, the recognized iterative nature of each individually unique endeavor can wreak havoc on the psyche of those individuals comfortable with purely incremental processes. The AO-TFH recognizes the specific nature of each project requires the flexibility to adjust and readjust the employed project management processes in a truly iterative manner.

AO-TFH Planning Model

The customized overall project management process model to be used as an initial guide for the AO-TFH is as follows:

AO-TFH PLANNING MODEL:

INTEGRATION PROJECT MANAGEMENT STRATEGY

Step	Major Objectives	Critical issues
1. Formation of a preliminary committee of "key" stakeholders	<ol style="list-style-type: none">1. Create political will and broaden support2. Refine core constituencies3. Refine preliminary project scope4. Refine preliminary project plan5. Document administrative support structure	<ul style="list-style-type: none">✓ Include "key" representatives of the anticipated project consortium✓ Set effective tone and cohesive atmosphere✓ Ensure support at executive and agency head levels✓ Build expanded community and political support✓ Define administrative support needs✓ Define mutual expectations

AO-TFH PLANNING MODEL: INTEGRATION PROJECT MANAGEMENT STRATEGY

Step	Major Objectives	Critical issues
2. Creation of advisory board	6. Establish a Statewide Advisory Board as an overall project steering committee 7. Finalize the overall membership of the working consortium 8. Form basic governance structure to oversee project	<ul style="list-style-type: none"> ✓ Define board goals, control, procedures ✓ Focus on effectiveness of structure ✓ Ensure project issues are considered ✓ Leverage “key” stakeholder investment/commitment ✓ Emphasize iterative nature of the endeavor ✓ Update structure and functions as project matures/expands ✓ Formalize administrative support structure
3. Identification/recruitment of stakeholders	9. Identify broad constituencies affected by the project 10. Recruit and include project stakeholder resources	<ul style="list-style-type: none"> ✓ Initiate invitations ✓ Develop project <i>local event responsiveness</i> philosophy ✓ Apply tiered recruitment process ✓ Remember integration horizontal and vertical perspectives ✓ Globalize first stakeholder meeting/orientation
4. Creation of governance system	11. Define spheres of control and clear governance principles 12. Form support elements such as sub-committee/boards to facilitate decision making processes 13. Define relationships 14. Create a transparent decision making process for planning, policy, and implementation	<ul style="list-style-type: none"> ✓ Initiate openness of process ✓ Set roles and agreements with clarity ✓ Ensure involvement of stakeholder cross section in the system ✓ Sign MOU’s where needed ✓ Emphasize iterative nature of the project ✓ Use facilitative leadership style ✓ Validate through governance structures ✓ Recognize potential areas of conflict in advance ✓
5. Development of a “white-paper”	15. Describe the strategic vision, project methodology, perceived obstacles, and known data exchange requirements of the project 16. Create a clear scope statement 17. Create overall project management structure 18. Publish preliminary technology design	<ul style="list-style-type: none"> ✓ Include comprehensive statement of Project “What” , “Why” and “How” ✓ Ensure the document is fiscally responsible ✓ Privacy design issues must be considered ✓ Broad functional and technical issues should be defined ✓ Collaborate with technical and process experts ✓ Validate through governance structures ✓ Conduct review by stakeholders prior to release ✓ Make suitable for use in needed arenas for promotion

AO-TFH PLANNING MODEL: INTEGRATION PROJECT MANAGEMENT STRATEGY

Step	Major Objectives	Critical issues
6. Create a consortium communications plan	19. Define communication strategies and goals 20. Define lines for two way communication 21. Create comprehensive project management information sharing	✓ Analysis of pathways ✓ Group update mechanisms ✓ Stakeholder consultation through assessment strategies ✓ Validate through partner network
7. Development of a comprehensive needs statement	22. Define assessment goals and strategies 23. Develop definitions/parameters of technical, database, analysis, user, training and technical assistance needs	✓ Use a customized research methodology ✓ Apply a variety of assessment strategies to gather information ✓ Conduct (in context of established AO-TFH mission and objectives) analysis of user & interface needs, training needs ✓ Collaborate with technical and process experts ✓ Validate through governance structures
8. Conduct business process analysis	24. Initiate comprehensive business process analysis 25. Define current local user "disaster response" practices 26. Assess effectiveness and change issues of currently available telehealth, incident and capacity management framework to be deployed	✓ Ensure the operational process for AO-TFH is documented in detail ✓ Define relevant exchange points (e.g. local hospitals/service providers, etc.) ✓ AO-TFH system discussion and definition in relationship to known resources ✓ Look at projection for future resources ✓ Create AO-TFH web-based system framework deployment statement related to requirements ✓ Validate through governance structures
9. Resource assessment analysis and application	27. Define resources available in terms of finances, personnel and technology 28. Assess system design and configuration issues in terms of resources and technical feasibility 29. Analyze business process applications as they relate to available resources 30. Apply to the AO-TFH system	✓ Define goals in terms of resources ✓ Ensure the "why" for the project is documented ✓ Create "as/is" baseline profile ✓ Ensure consideration/analysis of limitations ✓ Focus "would be" analysis for projected outcomes in relation to project scope ✓ Conduct mission sensitive cost/benefit analysis on key requirements/outcomes in relation to resources
10. Refine AO-TFH information system design	31. Co-ordinate architecture team 32. Create and publish AO-TFH system design using comprehensive	✓ Ensure the "How" for the project is documented in detail ✓ Develop comprehensive requirements documentation

AO-TFH PLANNING MODEL: INTEGRATION PROJECT MANAGEMENT STRATEGY

Step	Major Objectives	Critical issues
	requirements from exchange point, policy, resource, business process and technical perspectives	✓ Collaborate with technical and process experts
	33. Apply technical feasibility considerations	✓ Ensure data integrity/privacy
		✓ Validate through governance structures
11. Pre-implementation AO-TFH System "Intranet"	34. Estimate funding in relation to function	✓ Ensure telehealth, incident and capacity management applications and related technologies process initiation consistent with identified limitations
	35. Execution of AO-TFH web-based system use permissions as set out above	✓ Use functional design and white paper documentation
		✓ Collaborate with technical and process experts
		✓ Validate through governance structures
12. Implementation AO-TFH Intranet statewide	36. Prepare AO-TFH implementation requirements and logistics	✓ Utilize phased approach
	37. Conduct training	✓ Identify training issues/targets and delivery
	38. Activate AO-TFH local business process adjustments/restructuring	✓ Do not underestimate user buy-in
	39. Complete phase 1 field placement of the system by September 30, 2007	✓ Definition/Application of Training needs and sessions
	40. On or before December 1, 2007, start deployment of (Record Locator System [RLS] and other enhancement features, etc.)	✓ Instructional manuals needed to support users
		✓ Apply a range of assessment techniques
13. Maintain the system	41. Full AO-TFH system field placement	✓ Coordinate with strategic plan
	42. Evaluate software upgrades and other re-definitions	✓ Understand upgrade issues
	43. Continue Training	✓ Continue assessments
		✓ Continue training, both refresher and introductory
		✓ Work to expand internal capacities for the system to the maximum
		✓ Understand obsolescence cycles

Assessments and evaluations over the life of AO-TFH using a variety of techniques will be made to support the iterative and ongoing update nature of the process. With this in mind, the customized project management process as described in the preceding chart (the "IPMS") can be divided into four distinct segments:

1. Creation of Governance Support Structure (IPMS steps 1 thru 4 as listed in the chart above)
2. AO-TFH System Design/Finalization (IPMS steps 5 thru 10)
3. Pre-implementation/Permissions Process (IPMS Step 11)
4. Implementation and Ongoing Support (IPMS steps 12 thru 13)

The more significant aspects of AO-TFH program development (eg. network design and engineering) have their own detailed work plans with timeline and associated budget detail (see attached example – AO-TFH Design and Engineering Sub-Task SOW).

10. PROGRAM COORDINATION

Formation of a Preliminary Committee of “Key” Stakeholders

The expanded AO-TFH coalition to carry through the project will be born from a continuing series of meetings held by an exploratory committee of key stakeholders. This committee already exists and has created a general project vision, a preliminary project plan, and identified principal stakeholders that require representation in the consortium for horizontal and vertical AO-TFH information integration efforts. Executive and political support has also been developed to expand the project within the identified core healthcare constituency at the state and local levels.

Creation of a Statewide Advisory Board

A project steering committee or statewide advisory board is being developed to replace the exploratory committee and continue the development process.

Steering Committee Chairman and Regional Directors

Under the leadership of these key individuals, who will provide regular time and input to the project, the designated beneficiaries/users' in their respective regions will be assured appropriate accessibility to the AO-TFH. Each Regional Director will supply at least one member to the Technology and Policy/Business Practice Advisory Committees.

Identification of Stakeholders

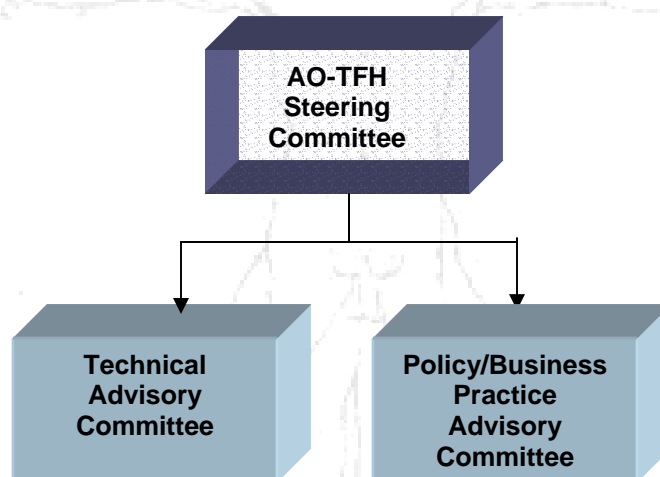
It will be the responsibility of the newly formed Steering Committee to identify the potential stakeholders from top to bottom across the entire personnel strata affected by the project. The participation of these stakeholders in the process of achieving the general project goals is critical to long-term success. Communication and leveraging the support of a cross section of the stakeholders beyond the executive and agency head levels will also create strong benefits for early implementation and evaluation of the AO-TFH system. Including a cross

section of stakeholders in the decision making process through membership in the various committees is one way to help ensure their input and support.

Creation of a Governance System

Another key aim will be to define and put in place a working governance framework to support the steering committee and address such issues as planning, policymaking, implementation, and future design iterations and various other aspects of the post implementation project life cycle. A decision making process must also be put in place along with the required administrative support. The primary function of the AO-TFH Steering Committee will be to carry out the project's overall governance. The Steering Committee will seek recommendations on technical and policy matters from AO-TFH Advisory Committees that will be made up of representatives of a broad range of AO-TFH stakeholders. Draft structure for the initial AO-TFH Advisory Committees and descriptions of their charters is as follows:

AO-TFH Advisory Committee Structure



AO-TFH Policy/Business Practice Advisory Committee

The AO-TFH Policy/Business Practice Advisory Committee will make recommendations to the Steering Committee on "What needs to be shared" and who might receive the information. This committee will help develop future iterations of the exchange points and functional aspects of the system across multiple local hospital and other care sites and will also make recommendations to the Steering Committee with respect to policy matters on which the Steering Committee seeks the Advisory Committee's advice.

Membership of this committee will be drawn from the stakeholders at hospitals and care sites connected to the AO-TFH system.

AO-TFH Technical Advisory Committee

The AO-TFH Technical Advisory Committee will make recommendations to the Steering Committee regarding “how” the task at hand might be accomplished/improved from a technical perspective. Examples of technical matters to be addressed by this Advisory Committee include hardware and networking issues internal to the local hospitals and other care sites connected to the AO-TFH system. This Advisory Committee will also make recommendations to the Steering Committee with respect to technology related policy matters on which the Steering Committee seeks the Advisory Committee’s advice. Examples of policy matters for which the Steering Committee may seek recommendations from this Advisory Committee might include post-project implementation issues and life cycle support of the proposed telehealth/telemedicine and related health care information sharing applications/technology. Membership of this committee will be drawn from the beneficiaries proposed to receive the AO-TFH information-sharing technology and services.

11. SELF-SUSTAINABILITY

Recent Historical Perspective

Our entire nation is in dire need of a fully integrated telehealth and electronic health information exchange. For Mississippi, Hurricane Katrina poignantly illustrated this need in a fashion more tragic than any example in our nation’s history. We once learned from a popular margarine commercial that “you can’t fool Mother Nature.” In the aftermath of Hurricane Katrina, we are learning new lessons about her nature, including that she is most disrespectful of political boundaries and state borders. Katrina, in fact, caused widespread physical, social and economic damage across the entire Gulf Coast region and beyond its initial point of impact. Even though the center of the storm hit at the mouth of the Pearl River at the Louisiana/Mississippi border, the devastating impact of the storm, in terms of damage and chaos resulting from the displacement of approximately 1,000,000 people, was felt as far west as Texas and east into Alabama, the Florida panhandle, and Georgia. Of these displaced persons, over 250,000 required healthcare, and eventually over 60% of those displaced sought care outside of their home state. According to the July 1, 2006 census data, most of the counties that received a large inflow of population have seen a reversal of the situation as of July 1, 2006, and in fact, those counties that saw a substantial loss of population are now seeing an increase in the population. Truly, Mother Nature puts people in motion, and those people will move to wherever they can get care, regardless of state lines or man-made borders.

The plights of the individuals displaced by Katrina can be divided into at least two distinct categories of human experiences. One is what we will refer to as the more “independent” experience; the other, the more “dependent” experience. The former refers to the loss and suffering of those people who had or were able to secure transportation, insurance and resources. The latter, and the one with which AO-TFH network will place special attention, refers to the experience of those who had no transportation, were limited to Medicaid or no health funding, and had limited life resources upon which to rely during the storm’s aftermath. These more “dependent” individuals relied upon the social or governmental response structures for their care and support. For these Medicaid or self-funded patients, Mother Nature undeniably seemed to conspire with a digitally impaired health system to create significant barriers to timely, safe and effective medical care.

Sustainability of the AO-TFH Telehealth Sharing Initiative

MsDoM has proposed to use the lessons learned during Katrina to build a new health information highway accessible by all providers. AO-TFH will create a web-based system that enables hospitals, medical needs shelters, and other public health facilities to share real-time, event status – including the existence of, and/or need for staff, supplies and other resources. Moreover, this information highway can accentuate patient flow and accelerate patient transfers while simultaneously providing a patient record knowledge exchange. The AO-TFH system will also address the cross border issues/shortcomings so strongly amplified by Katrina and, while the system will be designed to provide an immediate solution to the state’s telehealth/telemedicine and health care disaster response needs, AO-TFH plans to exploit all the benefits the system has to offer, assuring its survival and growth into the future.

Other Regional Health Care Sharing Efforts: Lessons Learned

In addition to the many poignant lessons taken from Katrina for building an effective statewide integrated telehealth and healthcare information system such as planned by the AO-TFH, it is important to consider the “lessons learned” from analogous efforts in related areas. Some of these lessons learned include:

- ◆ Formation of a sound broad based stakeholder team
- ◆ Development of governance and MOU processes
- ◆ Development and use of ongoing objective needs assessments
- ◆ Build-out of specific business process requirements
- ◆ Cost effective acquisition/implementation processes
- ◆ Partnerships to assure experienced technical assistance and training
- ◆ Ongoing assessment throughout the project’s life cycle with appropriate updating
- ◆ Post-implementation system governance and continuing life cycle support

Project Benefits

Integrated telehealth and healthcare information systems have been documented to offer the potential of contributing major benefits to locally delivered health services. A few of these principal benefits are:

General Statewide Telehealth Benefits

- ◆ Providing better and increased volumes of “*problem solving*” information
- ◆ Promotion of strategic coordination among a wide variety of healthcare provision partners
- ◆ Facilitation of resource sharing
- ◆ Connecting Mississippi’s multiple health care providers to bring innovative telemedicine services to those areas of our state where the need for those benefits is most acute

More Specific -- Disaster Recovery and Operations Continuity Benefits

- ◆ Providing situational awareness during a disaster --the ability to obtain accurate information about an event so that an effective response and resource deployment can occur
- ◆ Optimizing surge capacity --meeting the challenge of making sure that no one facility is overwhelmed with patients during a disaster
- ◆ Optimizing surge capability, addressing the need to make sure that patients are routed to the most appropriate facility that can meet their care needs
- ◆ Improving ability of providers to serve disaster-born displaced patients where providers have no knowledge about the patient prior to the disaster

AO-TFH is developing a network that will serve Mississippi and its neighbors well into the future. For these efforts to reach their maximum capability and involve the maximum number of providers additional funding is required. The FCC Rural Health Pilot Program is the solution to at least one of the challenges confronting the AO-FTH initiative. We respectfully request your assistance allowing us the opportunity to demonstrate just how valuable this program is to our state and our nation’s health care.

APPENDIX



MCDL

AO-TFH Network
Design & Engineering Plan

for
Rural Health Care Pilot Proposal

with
Sub-task Statement of Work

for
AO-TFH
Broadband Network Design

May 7, 2007



AO-TFH Network Design and Engineering

The AO-TFH Network Design “Contractor” will provide design and engineering services to the project manager to ensure an efficient and economical plan is developed for AO-TFH. Contractor will ensure best industry standards are used. The design and engineering sub-task is critical to the overall success of AO-TFH and becomes the foundation for all future work. Due to time constraints on the execution of this project, the initial data center hosting and public internet connectivity optimization and the Design and Engineering sub-task setout herein will begin concurrently. The Contractor will be especially cautious that these concurrent sub-tasks support each other and that the design incorporates the Project Needs requirements as/when identified.

Interfacing new systems and software (even if it is COTS hardware and software) is one of the most challenging technical issues in the development of the AO-TFH. Similarly, all prototypes for the system must undergo comprehensive tests and evaluation prior to implementation. The Contractor will ensure that design and engineering plans specifically address these issues.

1. Statement of Work

For the Design and Engineering Sub-task, the Contractor shall carry out the following Design and Engineering Services:

- Develop an Automation Availability Assessment
- Develop an AO-TFH Communications Strategy
- Develop an Core AO-TFH Inception Documentation
- Develop an AO-TFH Concept of Operations
- Develop an AO-TFH Technical Analysis Report
- Develop an AO-TFH Data/IT Transaction Model and Report
- Develop an AO-TFH Capacity Planning Services Report
- Develop an AO-TFH Software Application/Data Requirements/Specifications
- Develop a Data Network/Hosting Infrastructure Design/To-build Plan
- Develop an AO-TFH Data Center Hosting/Application Readiness Report
- Develop a Cabling and Facilities Plan/To-build Report
- Develop a Performance Monitoring and Tuning Report—with As-built Plans
- Develop a Client/Server Partitioning – Availability and Scalability Plan
- Develop a Comprehensive Network Security Plan

2. Deliverables (ADF= Actual Deliverable Form Factor)

- AO-TFH Communications Strategy Plan
- Modifications for AO-TFH Concept of Operations
- AO-TFH Capacity Plan
- AO-TFH Security Plan



- AO-TFH Architecture Design
- Preliminary System Design Documents
- Preliminary Design Review (PDR)
- Final System Design Documents
- Critical Design Review (CDR)
- Test and Evaluation Plan

3. Contractor's Proposal for Delivery of Services and Deliverables

Contractor proposes to deliver all of the above Design and Engineering Services required above, as follows:

The AO-TFH Deliverables have been sub-divided in some cases to more clearly delineate the specific sub-deliverables and the type of work involved. Also, the items, in some cases, have been reordered to more accurately reflect the sequence of these deliverables. The following is an outline of the sub-division.

AO-TFH Communications Strategy (ADF)

- Automation Availability Assessment Report (ADF)
- AO-TFH Technical Analysis Report (ADF)
- Core AO-TFH Inception Documentation (ADF)

AO-TFH Concept of Operations (ADF)

- Modified From Initial Operational Plan/Needs Assessment Process

AO-TFH Capacity Planning Services Report (ADF)

Preliminary System Design Documents

- AO-TFH Data/IT Transaction Model and Report (ADF)
- Preliminary System Design Review

AO-TFH Architecture Design

- AO-TFH Software Application/Data Requirements/Specifications (ADF)

Final System Design Documents

- Data Network/Hosting Infrastructure Design/To-build Plan (ADF)
- AO-TFH Data Center Hosting/Application Readiness Report (ADF)
- Cabling and Facilities Plan/To-build Report (ADF)
- Critical Design Review

Test and Evaluation Plan

- Performance Monitoring and Tuning Report—with As-built Plans (ADF)
- Client/Server Partitioning – Availability and Scalability Plan (ADF)

Comprehensive Network Security Plan (ADF)

Acceptance Test Sign-Off



Deliverable: AO-TFH Communications Strategy

This Strategy document will document the results of analysis, and articulate the associated wired and wireless strategic plan for the Project. On the wireless front, this Strategy document will evaluate existing and emerging engineering trends in private radio systems, along with anticipated FCC spectrum licensing trends, to analyze the optimal data throughput alternatives which are available to the Project. This Strategy document will also consider alternatives to private radio systems, including emerging cellular and other public wireless technologies, for comparison and consideration. Once approved, this Strategy document will be utilized in the preparation of other Deliverables in this Sub-task and in subsequent Sub-tasks in connection with wireless broadband infrastructure, wireless network modeling and other RF-related Deliverables.

Sub Deliverable: Automation Availability Assessment Report

This Report will document, as high level data and data flow analyses, the current business processes, systems, and human activities that may be automated, or may affect the automation, of the Project. This Report will address issues such as:

- Who needs what, where is it and how do we get it analysis.
- High-level data analysis to identify important high-level data items and data flows; how current systems and human activities interface and need to interface so that all critical relationships are documented; the major actors and system entities and their relationships.
- The associated security, transactional processing, legacy integration and system management and control requirements.

Critical non-behavioral requirements, such as capacity, reliability, availability, serviceability, scalability and adaptability.

Sub Deliverable: AO-TFH Technical Analysis Report

This Report will summarize the findings, conclusions and recommendations of the Contractor team in analyzing public telehealth/telemedicine applications and trends, including hardware and software solutions available and useful for the Project. The Report will identify, analyze and make recommendations regarding prospective web-based public health frameworks and commercial, off-the-shelf (“COTS”) software available for the Project, and other software solutions which may be needed to the extent COTS applications are unavailable, and available software services which may be available to the Project. This Report will also identify the principal tradeoffs which have been considered and the core values forming the basis of evaluations and recommendations.

Sub Deliverable: Core AO-TFH Inception Documentation

This Core Documentation will document the specifications of the AO-TFH associated infrastructure, based on analysis of previous activities, needs assessment and the Design and Engineering Sub-task. The AO-TFH broadband infrastructure/framework will be the core of the AO-TFH broadband information network. This Core Documentation will determine, among other things, the priority, availability and accessibility of specific data components to all users of the System, and will analyze both application design and



infrastructure deployment. The specifications of the AO-TFH broadband infrastructure/framework contained in this Core Documentation will figure heavily in minimum design specifications for the AO-TFH System.

Deliverable: AO-TFH Concept of Operations

This Concept document will present a concept of operations for the systems and operations to be used by the AO-TFH participating hospitals and agencies. Utilizing prior approved AO-TFH documents, in particular the Report of Current Concept of Operations and the Interim Broadband Web-delivery Infrastructure Report, this Concept document will present a modified concept of operations which enables delivery of existing and new data communications and information technology services across the AO-TFH statewide network footprint. This Concept document will incorporate high level technical design of the AO-TFH System which forms the basis for subsequent engineering and other tasks.

Deliverable: AO-TFH Capacity Planning Services Report

This Report will summarize the findings, conclusions and recommendations of the Contractor team with respect to capacity requirements for the AO-TFH Broadband Data Infrastructure. This Report will utilize, among other things, data generated for the comprehensive scoping for the software engineering processes regarding AO-TFH applications and projected data use and users to develop a network data model which will be a key element of the AO-TFH Broadband Data Infrastructure. This Report will present the findings of a loading and capacity study, and wireless networking implications of that study for radio spectrum channel resources and radio hardware requirements. This Report will also contain recommendations of the Contractor team regarding maximizing system throughput.

For the next part of wireless network design activity, the Contractor will analyze the propagation simulation setout above and examine the capabilities of the available tower/related transmission resources, leading to the preparation of an RF coverage study report for AO-TFH.

Next, the system coverage and throughput requirements will be analyzed to determine the wireless transmission parameter necessary to provide maximum AO-TFH wireless data network efficiency, providing AO-TFH Broadband Data Infrastructure programming optimization.

Contractor will then provide or cause provision of the AO-TFH functional specification documentation for proper radio equipment and programming parameters necessary to achieve reliable data communications.

Deliverable: Preliminary System Design Documents

Sub Deliverable: AO-TFH Data/IT Transaction Model and Report AO-TFH Data/IT Transaction Model and Report will be prepared. This Model and Report will present a recommended model, with supporting analysis, for an underlying design logic for the Project's core databases. This Model and Report will reflect the relationships of AO-



TFH functions and processes as a business process model and apply logical data design principles, including normalization of data, to produce a logical data design which is efficient, highly available, highly reliable and highly secure. This Model and Report, once approved, will form a principal basis for producing the physical database design for the Project.

This Model and Report will present a recommended model, with supporting analysis, for an underlying design logic for the Project's core databases. This Model and Report will reflect the relationships of AO-TFH functions and processes as a business process model and apply logical data design principles, including normalization of data, to produce a logical data design which is efficient, highly available, highly reliable and highly secure. This Model and Report, once approved, will form a principal basis for producing the physical database design for the Project.

Deliverable: Preliminary System Design and Review (PDR)

Preliminary System Design:

This Design will clarify AO-TFH architectural efforts, and articulate the AO-TFH vision through its key stakeholder construct, compiling information gathered from the on-going needs assessment process and early web-system deployment aspects of the Project output to understand AO-TFH business needs, and identify major technical/process issues or risks. This Design will include interconnection diagrams, optimization procedures, wireless network interfaces, and programming parameters required to implement prospective future server and transceiver hardware relationships. In order to assure preliminary AO-TFH system "design identity", early design will be followed by Preliminary Design Review of AO-TFH Network Infrastructure to be used in creating a baseline directory applications structure and single sign-on methodology for the critical applications of the AO-TFH.

Deliverable: Preliminary Design Review (PDR) Report:

The Report on Preliminary Design Review will include inventory of the baseline data with designers. Based on designer's input from the review, the workloads for each identified operating system instance will be measured. Key steps with PDR will distinguish business logic, user identities, and delivery methods. A Design Accountability Plan for all external transaction enablement will be included in this Review (This Accountability Plan will be used working in conjunction with the other AO-TFH agencies and jurisdictions who have agreed to the specific AO-TFH-prescribed standards and simultaneously open their digital doors through AO-TFH telemedicine network transactions and health care information exchange. The PDR will include collecting system performance workload data and monitoring of the system for violations of threshold values on AO-TFH defined parameters. The PDR will determine that preliminary design reaches sufficiency when the "data mediation" framework is demonstrative for the initial alliance of hospital and agency partners across the AO-TFH.



Deliverable: AO-TFH Architecture Design

The AO-TFH Software Application/Data Requirements Specifications document will be prepared. This Specification document will summarize the findings, conclusions and recommendations of the Contractor team as to the applicable specifications of specialized applications or software solutions that may be required, including an analysis against the specification of any existing agency applications which may be considered for broader AO-TFH use. This Report will include the basis for recommendations as to the proposed specification, including considerations relating to its implications for performance, scalability and manageability.

Deliverable: Final System Design Documents

Sub Deliverable: Data Network/Hosting Infrastructure Design/To-build Plan

This Design/Plan will present a recommended design for the Project's network and hosting infrastructure, including a to-build plan. This Design/Plan will specify and incorporate key functional considerations underlying the Design/Plan, such as: security, workstation and client access, application and data access, integration with existing networks, content aggregation, middleware and management tools. This Design/Report will also specify and incorporate key design issues, such as: network security, network reliability, ease of customization, ease of implementation, and ease of adaptability for requirements of participating agency networks and users of participating agency networks.

Sub Deliverable: AO-TFH Data Center Hosting/Application Readiness Report

This Report will document findings, conclusions and recommendations of the Contractor team as to design and implementation issues surrounding a proposed computing platform and framework, including the Project's mission-critical solutions needs. This Report will make recommendations regarding a proposed application-ready computing platform optimized for running the project's mission-critical applications, including an analysis of the initial platform and framework, prospective on-going integration of new components to take advantage of emerging technologies, consolidation of servers for more efficient and effective server and application management, and other performance and operational considerations.

Sub Deliverable: Cabling and Facilities Plan/To-build Report

This Report will include to-build plans, and will document the Contractor team's recommended specifications and requirements for the Project's cabling and facilities, participating agency and hospital cabling and facilities, and interfaces between them. This Report will include requirements and plans for cabinet space, electrical power, cooling, cables and raceways.



Deliverable: Critical Design Review

This CDR will be based on the Final AO-TFH IT Architecture framework, and will iteratively define a set of use cases to help validate the planned architecture by modeling representative system capabilities and identifying critical areas and potential risks in the system. Part of this review will be a delta-review (delta, in this case, will mean an additional increment, or an additional review) because previous review stages will be brought into the AO-TFH design, from some of its previously established subsystems which were subsequently incorporated into the current AO-TFH architecture and detailed system design. The Critical Design Review will be the last review before implementation begins on what has been designed. The Critical Design Review will review the baseline data with designers. Based on designer's input from the review, the workload tolerances for each identified operating system instance will be defined. The CDR will then collect system performance workload data and monitor the system to assure no violations of threshold values on AO-TFH defined parameters.

Deliverable: Test and Evaluation Plan

Sub Deliverable: Performance Monitoring and Tuning Report—with As-built Plans

This Report, with as-built plans, will document the Project's installed database software products and establish written standards and guidelines for their administration, monitoring, maintenance, upgrades and enhancements, and tuning. This Report will be written as an operating document intended to guide database administrators in the administration of installed Project databases, as well as the implementation of new Project databases with the passage of time. This Report will provide for on-site database administration, and will also address remote access for remote database administration, monitoring and tuning.

Sub Deliverable: Client/Server Partitioning – Availability and Scalability Plan

This Plan will document findings, conclusions and recommendations of the Contractor team as to client/server partitioning to avoid Project performance bottlenecks resulting from networked workstations. Based on server processing capabilities and network bandwidth, this Plan will analyze key considerations to avoiding these network performance bottlenecks, such as high-availability requirements and factors, available load distribution and load-balancing methods, and upgrade migration paths and strategies. This Plan will recommend a plan to address these network bottlenecks to achieve a highly-available and scalable network.

Deliverable: Comprehensive Network Security Plan

This Plan will document findings, conclusions and recommendations of the Contractor team for a recommended Network Security Plan for the Project. In addition to issues involving the security of the Project network, hardware, and applications, this Plan will address related security issues including physical security of participating agencies and remote and Internet access to the Project network. This Plan will include an assessment of existing security practices, vulnerabilities and uncertainties, as well as security testing of the installed network. The Plan



will recommend an operational plan for on-going Project security assessment, prevention, detection, response and vigilance, within resource and participating agency and individual hospital policy constraints, including written security policies and guidelines for administration of the Project network and access to it by participating agencies.

Acceptance Test Sign-Off

The Design and Engineering Sub-task will continue through the System Acceptance Sign-off. Contractor's Proposed Contract pricing for the Design and Engineering Sub-task includes a holdout fee (retainage) to be paid upon Network D&E Acceptance Sign-off.

Based on the approach articulated in the Project Proposal for certain on-going development and deployment emergency preparedness aspects of the AO-TFH system, the Contractor will undertake the initial data center hosting and public internet connectivity optimization and the Design and Engineering Sub-task concurrently, and in mutual coordination.

The Contractor proposes to deliver the Design and Engineering Sub-task Deliverables in accordance with the timeline set forth below.

4. Contractor's Proposed Deliverables Timeline – These items have been reordered to more accurately reflect the anticipated sequence of deliverables.

Scope Determination Period (Technology Strategy and Inception Step)

AO-TFH Communications Strategy	(Month 0)
Automation Availability Assessment Report	(Month 0)
Core AO-TFH Inception Documentation	(Month 1)
AO-TFH Concept of Operations	(Month 2)
AO-TFH Technical Analysis Report	(Month 2)
AO-TFH Data/IT Transaction Model and Report	(Month 4)
AO-TFH Capacity Planning Services Report	(Month 4)

Planning and Design Period (System Design and Engineering Step)

AO-TFH Software Application/Data Requirements Specifications	(Month 5)
Data Network/Hosting Infrastructure Design/To-build Plan	(Month 5)
AO-TFH Data Center Hosting/Application Readiness Report	(Month 7)

Procurement and Installation Period (Implementation and Deployment Step)

Cabling and Facilities Plan/To-build Report	(Month 9)
Performance Monitoring and Tuning Report—with As-built Plans	(Month 10)
Client/Server Partitioning – Availability and Scalability Plan	(Month 11)
Comprehensive Network Security Plan	(Month 12)
Acceptance Test Sign-Off	(Month 12)



5. Contractor's Proposed Contract Pricing of Deliverables

Scope Determination Period (Technology Strategy and Inception Step)

Report AO-TFH Communications Strategy	\$ 9,600
Automation Availability Assessment	\$ 10,000
Core AO-TFH Inception Documentation	\$ 9,800
AO-TFH Concept of Operations	\$ 15,000
AO-TFH Technical Analysis Report	\$ 7,000
AO-TFH Data/IT Transaction Model and Report	\$ 8,000
AO-TFH Capacity Planning Services Report	<u>\$ 10,200</u>
	\$ 69,600

Planning and Design Period (System Design and Engineering Step)

AO-TFH Software Application/Data Requirements Specifications	\$ 16,700
Data Network/Hosting Infrastructure Design/To-build Plan	\$ 19,940
AO-TFH Data Center Hosting/Application Readiness Report	<u>\$ 10,900</u>
	\$ 47,540

Procurement and Installation Period (Implementation and Deployment Step)

Cabling and Facilities Plan/To-build Report	\$ 10,514
Performance Monitoring and Tuning Report—with As-built Plans	\$ 11,800
Client/Server Partitioning – Availability and Scalability Plan	\$ 14,914
Comprehensive Network Security Plan	\$ 13,900

Acceptance Test Sign-Off	<u>\$24,046</u>
--------------------------	-----------------

Total Sub-Task Costs:	\$ 192,314
-----------------------	-------------------